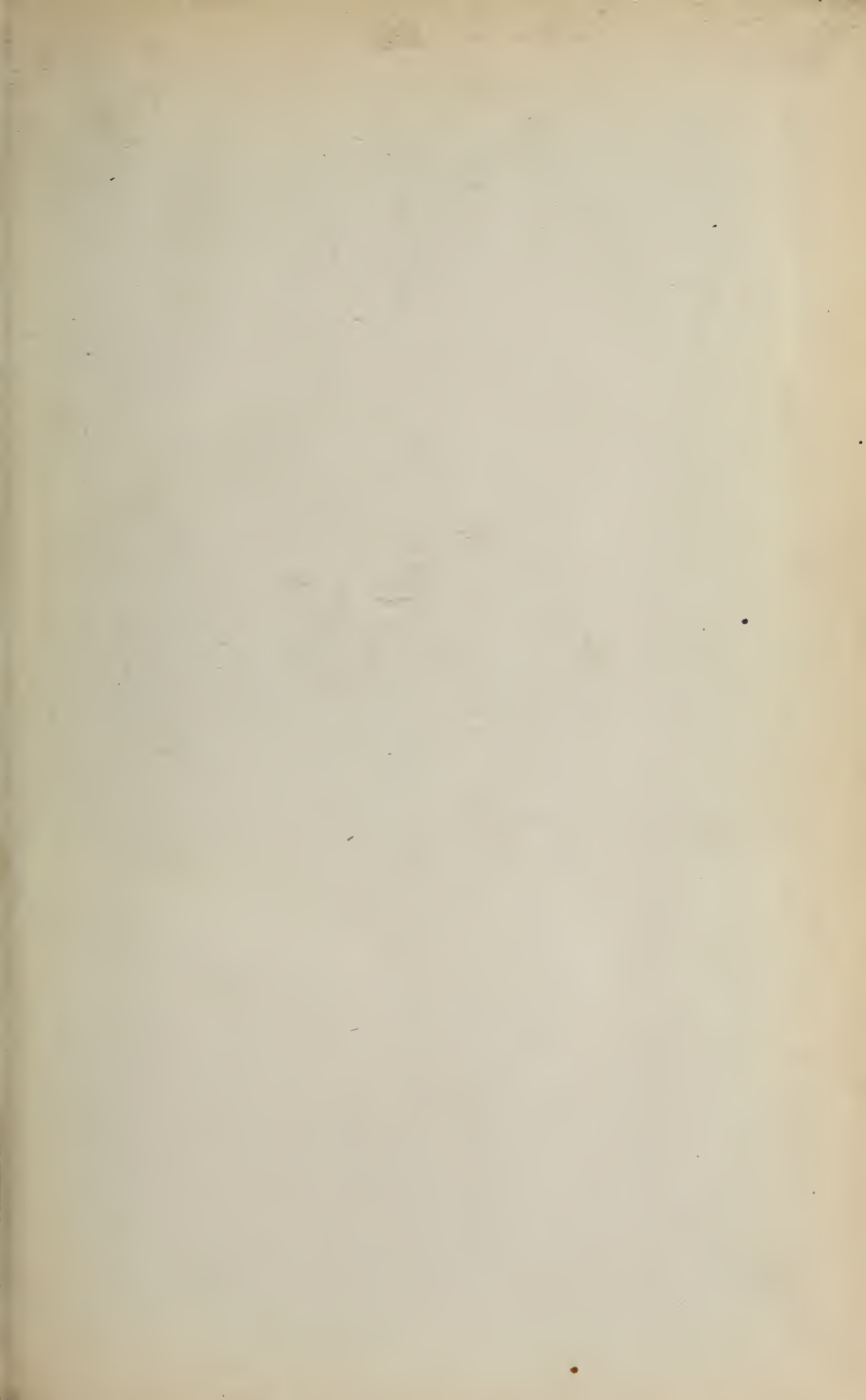


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STATE MEDICAL REPORTER.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. I.

DES MOINES, IOWA, JULY, 1883.

No. 1.

ORIGINAL ARTICLES.

A PLEA FOR LEGITIMATE MEDICINE.

By ROBT. McNUTT, M. D., OF DES MOINES.

There are various grades of educated men ranging from the most profound mathematicians and scientists down to the shallow-brained superficial reader of yellow-backed novel trash.

Two years ago I traveled through the State of Kansas. Before starting out one of my neighbors and patrons, well-to-do and respectable, requested me to call, in my route, at the town of H. and see his excellent friend, the distinguished Dr. F. I had a letter of introduction to him. I anticipated meeting with a learned gentleman from Ohio. I called upon Dr. F. on my arrival in the town of H.; found the Doctor expecting me, very polite and kind, and in appreciation of that kindness I will not divulge his name. But it is unnecessary to state that on learning this Doctor's life-history I was, in no small degree, chagrined at my neighbor who gave me the introductory letter. His history, as he related it to me, was about as follows: He happened, through poverty and misadventure, to arrive at man's estate without any education, but chancing to get hold of a little manual of Homœopathy he conceived the idea that he could become a doctor very readily, and so he took up the business, but found it the wisest policy to move out west where the people were more liberal in their views and would not be poking their noses into other people's business and finding out a man's qualifications, or whether he had a diploma. He settled in Nemaha City, Nebraska, and

for a time did a profitable business, practicing, as he said, according to the eclectic plan, and even went and spent a winter at the University of the State of Iowa, but owing to having little or no early education he did not take the regular medical course, but took the honorable Homœopathic course as prescribed and supported by the tax-payers of the honorable and *enlightened* State of Iowa.

This doctor had the same sing-song that they all have; that he took the best that was in every system of medicine, although he was quite innocent of any exact knowledge of any system. He knew nothing of Anatomy, Chemistry or Physiology, and what little he did know of Materia Medica was more curious than valuable.

We usually see the Eclectic and the Homœopath itching for a quarrel with some respectable educated physician in order to get notoriety and advertise themselves, and then they call out, persecution! illiberality! close communion! About a year ago the so-called Eclectics attempted to get themselves into notoriety by attacking the management of a hospital because the managers refused to dismiss from medical service at the hospital the Regular Profession and substitute this wrangling charlatan faction in its place. They charged that the close communion of the Regular Profession prevented them from becoming members. The charge is false. Any regularly educated physician who complies with the requirements of the Ethics of the American Medical Association, cannot be prevented from joining any regular Medical Society. The irregular practitioners are usually blatant, and have no scruples, but seem to delight in taking every means of deceiving and gull-

ing the public. They foist a dogma and make a great noise about it. The Eclectics developing from the Thompsonians, and the Homœopaths from Hahnemann's borrowed dogma. They are the fellows who practice that illiberality that is begotten in ignorance and born in vice.

Regular scientific physicians, as a body, entertain no exclusive dogma, and do not favor any one sect, or 'pathy, or 'ism, or nation, more than another, but their knowledge is culled from every source, and they believe in the highest order of intellectual cultivation, as guaranteeing to the public the best and safest medical advisers. The Regular Medical Societies aim to be composed of what is known as the learned class of men, and are designated as Legitimate, Regular, Scientific. To this class of men belong Cuvier, Agassiz, Humboldt, Liebig, Faraday, Tindall, Huxley, Harvey, the great John Hunter, Jenner, Darwin, Sir Charles Lyall, James D. Dana, Holland, Holmes, Dunglison, Winchell, and all the professors in every medical college known as Regular throughout the entire civilized world. Every enlightened nation, in its wisdom, has taken the necessary precaution for the enactment of stringent laws to place the care of the health of all the officers and men of all their armies and navies under this learned class of scientific physicians. And, moreover, we find that all the eminent authors on medical subjects and on natural history in every land on the face of the globe belong to this class.

It appears, on careful research, that the human race has been placed in a proud position by the great labors and important discoveries, not only in chemistry, philosophy and art, but in the general sciences, by these benefactors of mankind, this learned class of men. If nations have taken the precautions to exclude from their hospitals, their armies and their navies, the so-called physicians who are known as irregular, and whose minds are warped and blinded by cranky dogmas and isms, can we blame the managers of any hospital for refusing to entrust the sick to their uncertain care? Would it be right to admit at one jump to the same platform of equality and honor these mountebanks, charlatans, knaves and quacks, known as irregulars, with the renowned names of Professors Gross, Dungli-

son, Draper and Pancoast? This is what they ask, and if you don't grant it they say you are illiberal.

It is the want of sufficient general intelligence among the people that supports that blotch upon the escutcheon of the educational institutions of this state, at Iowa City.

COMPOUND COMMINUTED FRACTURE OF THE SKULL, WITH DEPRESSION OF BONE—OPERATION—RECOVERY—ALSO, BRIEF REPORTS OF TWO CASES OF VERY SEVERE INJURY OF SKULL, WITH RECOVERY.

BY ALEX. GUTHRIE, M. D., OF PELLA, IOWA.

J. R.; æt. 21; farmer. On the 23d day of July, 1880, while assisting in mowing hay, by hoisting it with an iron pulley, the rope broke and it fell, the corner of the stirrup striking him near the anterior superior angle of the left parietal bone, producing a compound comminuted fracture, with depression. He staggered, but did not fall down, and was somewhat confused, but did not lose consciousness. A physician from a neighboring village was immediately called. When he arrived, the patient came walking out of the barn, with his hat on, to meet him. The doctor, seeing him thus apparently but slightly injured, gave the case a very superficial examination, cut off the hair, put in one suture, applied a piece of adhesive plaster, and returned home. The next morning the young man rode horseback one and a half miles to see the doctor, and the next day (25th) walked five miles into the country, against the doctor's protest.

His speech was noticed to be a little thick, his deportment strange, but nothing else special until the 28th, when he had a convulsion, followed by paresis of the right arm.

On the 29th another physician, Dr. Lukins, was called, and he, noticing signs of pus, slightly opened up the wound, some pus escaped, and he introduced a probe and at once elevated the depressed bone. He recommended a consultation, and I arrived at 9 P. M., and found his temperature 100 Fahrenheit, pulse 64, and irregular in force and frequency, his speech thick and enunciation indistinct. He was slightly stupid and inclined to drowsiness. Owing to

the length of time which had elapsed since the injury, the integument had well nigh united together; the patient being anæsthetized, I made a longitudinal incision in the site of the wound, opening it up thoroughly, and found the bone depressed on the brain about one-third of an inch. I removed 45 grains, by weight, of fragments of bone, and a considerable amount of straw, which had been driven in from his hat. Another large piece of bone, apparently one and three-fifths inches in length by four-fifths of an inch in width, was deeply depressed at the edge next the wound, but was firmly attached both to the dura-mater and scalp. I elevated this with an elevator, but the support of the brain being gone internally it would only partially remain in situ.

It is proper to add here that a considerable amount, perhaps two drachms, of foetid ichorous pus escaped during the operation, and on this account, before the wound was healed up, it was thoroughly syringed out with carbolized water. The wound was now closed near the extremities with adhesive plaster, but the middle left open, so that the whole cavity could be syringed with carbolized water every four hours, and a compress wet with the same was kept constantly applied in the interim. He was ordered one grain of quinine with gtt. iii of tincture of aconite root every three hours, a light diet and perfect quietude.

As soon as he had recovered from the chloroform his speech was noticed to be more distinct.

July 30th, 6 A. M.—Pulse 64, irregular; temperature 100; slept several hours; mental condition improved; right leg and arm still paralysed; to continue medicine.

During the forty-eight hours succeeding the operation he had several slight spasms. On the 2d day of August I received the following letter from Dr. C. Lukins:

"Patient in good spirits and doing well. Temperature this morning 100; pulse 67; talks and laughs; wants to get up. * * Has not had any spasms since night before last at 12 o'clock."

Subsequent to this I heard occasionally of his continued improvement, and in October or November, I think, of the same year, he called on me at my office, and I found the wound completely cicatrized and the cica-

trix slightly depressed beneath the level of the surrounding skin. His general health was good, his paresis gone, and his mental condition, as far as I could judge, normal. Subsequent to this I saw him several times the ensuing winter, and he continued well, but I ascertained late in the fall of 1881 that he had become subject to occasional attacks of epilepsy.

When I was resident physician to the Cincinnati Hospital, about sixteen years ago, a man about 35 years of age was brought in there one morning with a very severe injury to the skull, which occurred in this way: He was working in the stone yard up on Canal street, in a semi-stooping position, when a large fragment of stone falling, struck him on the right frontal eminence, about one inch to the anterior of the sagittal suture, completely detaching a piece of bone from the dura-mater, half as large as the palm of one's hand, and turning it down over the orbit. When brought to the hospital he was perfectly rational, as he was also said to have been when first seen, immediately after the accident, by his fellow-workmen, who had already replaced the semi-detached piece of his cranium. In making an examination of the injury, in order to remove any fragments of stone, sand or dirt which might be present, the dura-mater was seen to be laid bare, and vigorously pulsating with every systole of the heart. All foreign matters were removed, the parts placed nicely in apposition with a few points of suture, and dressed with simple water dressing. The man speedily recovered, without an unfavorable symptom, not even being delirious in the least, so far as I could ascertain.

These two cases of injury to the cranium and its contents, show that patients may recover, when properly treated, even when the damage seems almost irreparable.

Now I have a third case of injury to the cranium to report, that caps the climax. It happened in Pella about nine years ago in May. J. S., a boy about ten years of age, saw a wagon passing to the depot, loaded with eight or ten barrels of flour. He was desirous of having a free ride, and while endeavoring to climb on the wagon he missed his hold and fell between the wheels, the hind wheel passing directly over his head. He was immediately taken to the

house and a messenger dispatched for a physician, who, being unable to immediately find either Dr. George Allen or Dr. B. F. Keables, of this place, invited me to see the boy. When I arrived I found him totally unconscious, bleeding from the mouth and nose, and I believe also from the ears. An examination of the head showed the parietal, frontal and occipital bones detached from each other at the sutures, so that when I took his head up between my hands I could both see and feel the bones move and grate upon each other. Drs. Allen and Keables having arrived by this time, the former took charge of the case, and we, seeing nothing but gloomy forebodings in the near future, willingly "stepped down and out."

Dr. Allen assiduously applied water dressings, and the boy recovered. Dr. Keables told me this morning (May 29, 1883) that he had occasion to prescribe for him about four years ago, for malaria, and that he was then otherwise in good health.

The lessons to be drawn from these three cases are—

First. Never abandon any case as absolutely hopeless unless the cranial bones and cerebrum are literally crushed.

Second. Never pass over injuries of the head with a superficial or careless examination, unless you wish to be sued for malpractice, or expect to have suits loom up in the distance, which latter was the result with the physician first called in case number one.

SCARLET FEVER AT THE AGRICULTURAL COLLEGE.

BY D. S. FAIRCHILD, M. D., AMES, IOWA.

Seven cases of this disease have occurred up to date. They have been mild in form, but all have presented typical features. The house formerly occupied by the President has been vacated and fitted up as a hospital. When any student is found ailing he or she is at once isolated, and when the typical symptoms appear, removed to the hospital, where he is kept separated from all except his nurse and physician, until desquamation is complete. The room formerly occupied and all the clothing and furniture is fumigated by burning two pounds of sulphur for every 1,000 cubic feet of space. The first case appeared March 24th, and the disease has not yet manifested any decided epidemic tendency.

REPORTED CASES.

CASE OF ROUND CELLED SARCOMA (OR ENCEPHALOID SARCOMA) OF RIGHT KIDNEY — DEATH — AUTOPSY.

REPORTED BY DR. J. T. PRIESTLEY, DES MOINES.

August 2, 1882, Willie Drake, aged twelve years, called at my office; he complained of feeling a weight in his back, over the region of the right kidney. He was preparing for a protracted visit, and wished my opinion concerning the advisability of starting while having that feeling. I examined him carefully, but could find no physical symptoms that would account for the trouble. There was no enlargement, no pain on pressure, no trouble in flexion of the back, and no change in the urine.

I ordered a belladonna plaster applied and told him to postpone his visit.

August 5th I was called to see him, and found him with a marked enlargement of the abdomen over the region of the right lobe of the liver. In fact, a plainly discernible pyriform tumor which seemed to extend from just below the free ribs down to right iliac crest. The temperature was normal, and I might say that the temperature was not abnormal at any time during his trouble when I was there, and that was twice daily during his illness.

The bowels moved freely and showed no indication of hepatic troubles. The urine passed freely and contained no albumen; quantity normal. No pain, except on hard pressure, over the tumor. He remarked that "he was not sick, but his side was too heavy for him to stand up long." I called my friend, Dr. Hanawalt, in counsel with me; we did not diagnose the trouble, but waited for further developments.

August 8th the swelling was still enlarging, and we aspirated, drawing off about 1000 cubic centimeters of fresh cider-looking liquid, filled with matter having the appearance and consistency of brain substance, which kept plugging our needles constantly. The tumor did not diminish perceptibly from that time on until his death, October 12, 1882. The tumor steadily increased in size, and the aspirations were kept up once or twice a day; the needle would go into the tumor and we could get nothing; introducing it an inch from that point in any direction we

would get from 65 cubic centimeters to one litre of fluid. We found, by experience, that it was filled with small cavities, surrounded by substance of such consistency that it would not pass through the largest sized aspirating needle. It suggested itself as being an hydatid cyst, but the microscopic examination of the fluid revealed no echinococci, but showed what was supposed to be liver cells. The emaciation was extreme, although his appetite never failed. He ate heartily up to within a few hours of his death. He complained then of being hungry, but the dyspnoea was so great that he could not take time to eat. The aspiration would relieve the dyspnoea for a short time, and make him feel quite comfortably. He frequently wished that I could be there to aspirate him every hour, it made him "feel so good." The action of his bowels was normal throughout his illness; the urine always natural; no pain—in fact no abnormal symptoms of any kind, except what was caused by the pressure and weight of the rapidly-growing mass.

Death was caused by dyspnoea. He was conscious to the last. No pain of any kind during his illness. Slept well every night until the last week, when dyspnoea would awaken him.

OCTOBER 14, 1882.

AUTOPSY.—Rigor mortis well marked; body greatly emaciated; abdomen greatly distended; contents pressing thoracic organs upward above seventh rib; thorax: pleural cavities empty; pleuræ, clear; no evidence of pleuritis; right lung forced upwards above line of third rib, compressed until it was quite solid—would not float in water; left lung crowded above line of fifth rib, expanded partly under artificial inflation, and contained deposits, grayish white in color, and of tolerably firm consistency; heart normal in size, flabby, pushed to the left beyond perpendicular line of left nipple, valves normal, no evidence of pericardiac trouble.

Abdominal cavity occupied almost entirely by large tumor, which was mottled (large grayish and dark-red spots), lying toward right side, pressing intestines to left and upward, and liver upwards; liver normal in size, left lobe normal in size and natural in aspect; right lobe compressed, and very firmly adherent to mass of tumor. In-

testines forced upwards and to left; normal; no adhesions. Stomach normal in appearance, but smaller than usually seen. Left kidney about normal in size; capsule not adherent; cortex covered with cysts, size of a large pin's head; left ureter normal; bladder normal; right kidney not found, but replaced by an enormous tumor, irregularly ovoid in shape, the extreme length being 24 inches, longitudinal circumference 52 inches, extreme width 16 inches, transverse circumference 38 inches, weighed (with the liver, to which it was firmly attached), $28\frac{3}{4}$ pounds, after 130 ounces of fluid had escaped, owing to the unavoidable rupture of the cyst. The substance of the tumor was made up of grayish, soft, brain-like matter, and masses of a reddish, more solid substance. The microscopical examination showed the growth to be a round-celled sarcoma, which had undergone fatty degeneration in part, resulting in the formation of numerous cavities, varying in size from a capacity of one drachm to the enormous size mentioned above, and containing grumous fluid of a dark reddish-brown color. The right ureter could not be found. The tumor was encapsuled, the capsule being very thick generally, thickest at lower and posterior part. At the point of contact with the left lobe of the liver the capsule could not be traced, the tissues between the tumor and liver having undergone fatty degeneration. No traces of the substance of the right kidney could be found.

CASE OF PERFORATING ULCER OF DUODENUM AND GENERAL PERITONITIS, WITHOUT PROMINENT SYMPTOMS.

REPORTED BY L. C. SWIFT, M. D., OF DES MOINES.

On the sixth of May, 1883, I was called to see a patient who gave the following meagre history:

— Deardon; æt 52 years; an Englishman; laborer. Had always enjoyed good health with the exception of occasional constipation (which was sometimes accompanied by colic), both of which always gave way under the use of saline laxatives in moderate doses.

On May 2d, being constipated, his wife, as usual under such circumstances, administered a dose of magnesium sulphate, which caused a movement from the bowels the following morning. He worked all day,

every day following, at holding a road scraper, until the evening of May 5th, when he complained of colicky pains during the night.

May 6th, early in the morning, he had a slight constipated action of the bowels, but the pain continued, and increased in severity. I was called at 6 o'clock in the morning. I found him to be a large, well developed man, and unusually healthy in appearance. He was suffering from acute pains in the abdomen, from which he got the most relief by resting on his hands and knees in bed, or by walking around the room. He had made the kitchen fire for his wife an hour before I saw him. His pulse was 86, full, strong and regular; temperature 99.7° F.; skin cool, moist and remarkably soft for a person of his station in life. He had had no chill, fever or vomiting, and only complained of the pain in his stomach. The abdomen was soft, and pain was eased by gentle pressure; but over the pyloric extremity of the stomach deep pressure caused an aching feeling. Treatment was morph. sulph., gr. $\frac{1}{4}$; bismuth sub. carb., grs. v., to be given every two hours as long as the pain lasted, hot fomentations, and at night a dose of epsom salts.

At 4 P. M. I was called again, and found that the messenger had made a mistake, as the patient merely wished to report to me, as I had requested. I found him sitting up and walking around, perspiring quite freely; skin cool; no tympanites; no abdominal distension; pulse and temperature normal. Ordered the treatment continued. Pain moderated.

May 7th. 8 A. M., patient sent for, but failing to find me, got Dr. D. W. Smouse to call and see him. The doctor found the patient very restless; perspiring very freely; skin cold and clammy; spots, irregular in shape, purplish in color, on the face, body and lower extremities; pulse and temperature not taken; abdomen enormously distended and tympanitic. The doctor returned to the city, stating first to the patient that he would send an ambulance for him and have him taken to the hospital. The ambulance was sent out, and at Dr. Smouse's request Dr. A. L. Worden accompanied it. Dr. Worden found the patient dead at 10:30 A. M.

An autopsy was held six hours later, the patient's wife stating that her husband had died suddenly, vomiting, throwing up his

hands, but not crying out, falling back dead, within half an hour after Dr. Smouse left him.

At the autopsy the abdomen only was examined, owing to the lack of time for preparation by the physicians. There were present Drs. D. W. Smouse, A. L. Worden and the writer.

Rigor mortis well marked. Hæmorrhagic spots on the face, chest, abdomen and thighs. The anterior wall of the abdomen was very thick, the subcutaneous layer of adipose tissue being two and one-half inches thick; the abdominal cavity filled with a creamy, yellowish fluid. The intestines were greatly distended, and covered generally with a stringy, plastic lymph. The blood vessels were markedly distended with blood. There were no extensive adhesions, either old or new. The stomach and bladder were empty. The liver, spleen, pancreas and kidneys were normal in size and appearance. The rectum and large intestine were markedly distended, but not congested. The ilium was distended and slightly congested. The jejunum was distended and more markedly congested than the ilium. The duodenum was markedly congested, especially at the upper part, but not distended. While the intestines were being removed fluid similar to that found in the abdominal cavity, mingled with gas, escaped from the upper part of the duodenum. The stomach was empty, slightly congested near the cardiac orifice; the walls not at all thickened. The common bile duct was distended with bile. The gall bladder was moderately filled with bile. When the intestine was opened the lower parts were apparently normal; no glandular or follicular enlargement. The congestion commenced at the ileo-coecal valve, and became more intense as it neared the stomach, and at the upper part of the duodenum the mucus membrane was markedly thickened, and at a point three-quarters of an inch from the pylorus were two ulcerated surfaces, one a little larger, the other a little smaller than a ten-cent piece, both perforating at their centres, the wall of the intestine, the larger opening being about three inches in diameter, the smaller about two.

At this point it was too dark to make further observations, and our time was limited, so we were forced to content ourselves with the results obtained from a very unsatisfactory examination.

THE IOWA State Medical Reporter.

DES MOINES, JULY, 1883.

EDITORIAL.

With this number our editorial staff feel that they are stepping forward with open hands, to every regular practitioner in the State of Iowa, inviting a cordial co-operation and asking for a personal interest in the object, in the welfare, and in the columns of the IOWA STATE MEDICAL REPORTER. Has the time come that we need it? Will it receive nourishment and live? These questions, touching the vitality of all new projects, have cast their shadows on us.

We hope that experience will confirm our belief that the latter of these questions will be answered in the affirmative. Not, because the practitioner of Iowa is not as liberally supplied, as his brethren in other states, with medical literature, or needs more than they, but because we have over two thousand physicians in Iowa, comparing well with the average of physicians of other states, whose organization comprises only a minority, united in county or district societies, that sustain the State Medical Society in the capacity of delegates and permanent members. The proceedings of these societies, with a few exceptions, are uninteresting, unprofitable and far below the ability of its individual members. From this incomplete organization, with want of public enterprise and interest, comes a natural train of conditions, that have justly given rise to the odium upon the medical profession of this state and very unjustly to its individual members; an almost total lack of that social communication, which causes a brotherly fellowship, which searches out, combines and furthers mutual interests of a medico-

legal, professional or financial character, which gathers, selects and distributes to the public, the best measures for local hygiene and for the care of the state poor or unfortunate insane, and which stimulates the student to push his observations, investigations or experiments, with that energy which will keep him on the tidal wave of science.

Foreign journals, those published in other states or countries, have not and will not supply these wants, because it is not to their interest, and they have plenty of like work at home.

That these conditions make "a long felt want" we do not question, neither does the editorial staff attempt to fill it. We can only promise our best endeavors and upon the aid of the medical profession of Iowa we rely, hoping through them to prove a useful medium, devoted wholly to their interests.

We expect to secure original contributions, we ask for short and concise reports of cases, we ask for questions upon any topic relating to medicine or surgery, and propose to submit such questions as we receive to eminent members of the profession in the state for answer. We ask for brief notes upon facts of general interest, and we expect to keep the profession of the state informed of the changes in its ranks. Abstracts of the proceedings of societies will be always welcome, and place will be given to matter of general interest.

Our columns are open to the free discussion of all topics, strictly confined to the general interest and advancement of the profession, but we hold ourselves personally responsible for only the statements found under the editorial department.

We hope to avoid everything not of professional utility, and shall rigidly exclude all personal controversies.

We ask for such a generous patronage from the profession as will enable us to grow and fulfill our hopes.

—We deem it advisable to conduct our journal, as far as may be practicable, under the system of departments. One of these departments will be devoted to original articles upon any subject pertaining to medicine or surgery. We expect and hope that the articles under this heading will contain original ideas or deductions based upon specific data, at least an outline of which will be contained in the article. Another department will be devoted to reports of cases; under this we ask for a brief and concise statement of the principal and practical points. Another department will be devoted to correspondence: we wish to become a medium through this for interchange of ideas of a purely professional character. Another department, "Notes and Queries," will provide space for short notes or questions upon professional subjects directed to the journal or some of its contributors for answers. We hope this department will receive a liberal support, as we believe it to be especially conducive to the bringing out of latent ideas. All such queries directed to the journal will be handed to the most eminent men in the state for answer, as far as may be practicable.

—Believing that the social communication between medical men while gathered together in conventions, associations or societies is productive of as much interest in such meetings as the regularly arranged programme of business, we wish to make a little departure from most medical journals and establish a social department, that will, in a measure, keep up with the changes constantly taking place in the ranks of the profession, or their families. To do this successfully we must at least have the hearty co-operation of representative men in a majority of the counties in the state. We want every regular physician in the state to feel that he has a personal invitation to contribute to all or any of the departments of the IOWA STATE MEDICAL REPORTER, upon the "platform" we have adopted.

—In conducting the different departments, the editorial staff will endeavor to treat all contributions with the same courtesy. Should at any time one or more of the departments be over-crowded we reserve the right to select those articles

which in our judgment are more interesting and more appropriate. We also reserve the right to reject or cut any or all contributions. In the latter case we will always notify the contributor in time for a reply before going to press.

—The thirty-fourth annual meeting of the American Medical Association, held at Cleveland, June 5th to 8th inclusive, was exceptionally large, due undoubtedly to the recent agitation over its Code of Ethics. The session was interesting and successful, containing but few objectionable features, considering the large number present, the amount of business transacted, and its incoherent and imperfect organization. We noticed that the committee of arrangements were hardly equal to the task of giving impartial attention and general satisfaction. This was probably due to inadequate means rather than to intentional neglect. Many of the large number of papers were excellent, and the general quality of the addresses and papers was good: one paper served to advertise a patent dressing, more than it confined itself to its accredited title. There was an unanimous and almost unexpressed feeling in favor of retaining intact the Code of Ethics of the association. The election of Dr. Austin Flint, Sr., to the presidency indicated the depth of feeling, and gave general satisfaction. The establishment of a weekly medical journal, under the management of Dr. N. S. Davis, will prove a success, and if conducted as the political medium for the association, it will prove a power that can make the American Medical Association more or less coherent, elevate or depress the standard of its transactions, or make it gain or lose interest from the mass of the profession.

—*The Voice*, published at Albany, N. Y., and ably edited by Edgar S. Werner, in its vigorous style publishes valuable articles, and wages aggressive warfare, on all that pertains to charlatanism in its particular field—cultivation, hygiene, and preservation of the voice. Among the contributors are the leading throat specialists of this country and Europe. This subject is one having intimate relations with the etiology and therapeutics of the diseases of these organs, and should, therefore, interest every physician.

—The meeting of the State Medical Society, at Council Bluffs, was well attended. The society wasted no time in the discussion of the hackneyed "code subject," but unanimously proclaimed its loyalty to the American Medical Association. The system of division of work into sections answered well, excepting in one respect: the reading of several papers together without any opportunity for discussion until all were before the society, caused the limited discussion which followed to be desultory and rambling.

We believe that it is a waste of time for the chairmen of sections to give resumes of medical literature, since the leading journals at the present time do this in a more effectual manner, and the society is deprived of the time for the consideration of original investigations and reports of cases.

The case of the insane of the chronic class, sometimes known as the incurable insane, was brought before the society in an excellent paper by Dr. Hill, of the hospital at Independence. The somewhat animated discussion which followed showed no difference of opinion in regard to the necessity for immediate action. Some diversity of belief as to the comparative advantages of very large and small hospitals for the treatment of the insane appeared. As this is probably one of the most important medical questions that will be brought before the next legislature, we shall endeavor to present both sides of the question at the proper time.

We regret we cannot give the president's annual address in full; in it he wisely recommends, that "greater care should be exercised in the admission of members," in substance, that the standard of the permanent membership should be elevated, and that more important and more perfect papers should be presented. The requirements and qualifications, he recommends for new members, are practical and have been in use, to a greater or less extent, among the societies of other states for a number of years. Any attempt to limit the permanent membership, otherwise than by established requirements and qualifications which do not specifically control its number and distribution, will work an injustice and give fertile ground for dictation and undemocratic principles. Although we be-

lieve the plan suggested would accomplish its object—elevate the standard of the State Medical Society.

—In another column of this number we publish the report of case entitled "cancer cured without the knife." We believe the title malpractice would be at least as applicable. The *Philadelphia Medical Times*, May 5, 1883, reports a case somewhat similar, except as to results, in which criminal action was brought. The "doctor" (also of this state, at least he claimed Iowa as his home) was acquitted by the jury, although the evidence was as strong as could be produced in any similar outrage. Would it not be well for the local medical societies of this state to collect the blunders of such men, in order to present a statistical report to the members of the next General Assembly, and ascertain, if permitted, whether it is more "constitutional" for unqualified practitioners of medicine to kill, maim or disfigure, than the unqualified practitioner of pharmacy, or the uninstructed and incompetent health officer by permitting the spread of contagious diseases. If not, then let them make the same restrictions qualifying the practice of medicine and surgery that they have made for the dispensation of drugs and for the management of contagious or infectious diseases.

[From Medical Record.]

.. It is a satisfaction to feel that the art of surgery keeps pace with the star of empire in its westward way. We are particularly pleased to observe that the art and the star aforesaid hover so conspicuously around Minneapolis, Minnesota, as evidenced by the columns of the local daily newspapers. One instance of the stupendous strides in surgical science which the great west is making has recently been given to the world by the *Minneapolis Tribune*, of May 10th: "Drs. C— and K— accomplished a nice piece of work yesterday when they straightened the club-feet of an eight-months'-old child of Mr. Rettier, on Eighth avenue, north. It is said to have been the only operation in this city where badly clubbed and distorted feet have been straightened. We are informed that since the 10th the child has been doing well." The operation in question seems to be the culmination of a long series of appalling operations that have been chronicled by the daily press. Dr. X—, says the *Tribune*, has with great boldness opened an immense and painful felon on the hand of an esteemed citizen. Dr. Y— has amputated three fingers at one sitting. This being the second time so serious and delicate a

test of surgical skill has been exhibited in the northwest, etc., etc. We are informed that it is a matter of frequent occurrence for some physicians in the northwest, in regular standing, subscribers to the Code of Ethics of the American Medical Association, to get a free advertisement by letting their brilliant exploits in surgery be published in the newspapers. We trust we may be permitted to inform them that such conduct is not that of physicians or gentlemen."

The above paragraph was taken from the *Medical Record*, of June 9th. This is a broad hint to the regular physicians of the "great west," of their reputation among their eastern brethren.

While we must admit that here, as in the east, this newspaper notoriety, as spoken of in the above article, occurs too often and should be censured, our eastern critic should understand that every thoroughly honest, competent and truly loyal physician in the "west," disapproves of such practices and does much to suppress them. We believe that this form of advertising often occurs, especially in smaller towns, where local newspaper reporters are prying about for items, without the consent or knowledge of the physician, and also when the accident or incident was one of public interest. An example of this took place at Washington several months ago.

We sometimes read the advertisements of medical journals, and eastern papers out "west," and in them we occasionally see the name and opinion of some "eminent" or "celebrated" physician, with a modest statement of the special branch he is following, together with the rank he has attained. This is not advertising, but it is appropriate to a "physician and gentleman" who has reached the high rank of dictator, although it has served to extract a number of fees from the "great west."

—Dr. Playter, of Toronto, has gathered facts in regard to consumptives, from 250 doctors. Their replies showed that the average age of patients was twenty-seven; forty-six per cent. were males, fifty-four per cent. females, and twenty-eight per cent. were married. The average size of the chest was thirty-one and one-half inches; the chest of persons of the same average height, five feet and five and one-half inches, would usually average thirty-seven inches. About fifty-five per cent. had light hair and eyes, two-thirds did indoor work, had slept in small rooms, and wore no flannels. Only forty-six per cent. had consumptive ancestors, and a majority were of nervous temperament.

REPORTED CASES.

CASE OF PROLAPSED OVARY—CHRONIC SALPINGITIS, DOUBLE—DEATH—AUTOPSY.

REPORTED BY D. W. SMOUSE, M. D., OF DES MOINES.

Mrs. C., age thirty-six. Was called to see her first at the hotel, at night, March 20, 1883. I found her to be a woman of medium height, brown hair and eyes, weight about 130, very pale and bloodless. She says she has had two children, youngest six years old. She has not lived with her husband for two or three years, since which time she has been leading the life of a prostitute. I found her suffering severe pain in lower abdominal region, where she says she has suffered very much for two years, often very hard paroxysms of pain, lasting for some days, which were only relieved by morphia, which she had been in the habit of using quite freely for the past year. She wished me to give her a hypodermic injection of it, as she could not sleep. She said her periods were regular, and she suffered no dysmenorrhœa. I did not see her again until May 9th, when I was called. I found her very hysterical, suffering very much pain in pelvis and through hips and abdomen. She was very irritable, and her general condition worse than when I last saw her. She had several small abscesses on the arm below the elbow where she had been given hypodermic injections, and she says she has been suffering severe pain ever since I saw her. She said her womb was retroverted for which a doctor in Missouri gave her a pessary which relieved her partly.

I made an examination, but on account of tenderness and thickening in pelvic cavity it was impossible to be thorough. I found the uterus low down, very tender, immovable, and neither reverted nor flexed. Behind the uterus I felt a large mass.

The uterus was slightly enlarged and the surface perfectly smooth. The mass in Douglass cul de sac seemed to be either a displaced ovary, an accumulation of pus, or a thickening of the tissue from inflammatory deposit. I prescribed some simple remedy, as the circumstances and habits would not permit a course of treatment.

I saw her again in a day or two, when she reported that she was in about the same

condition. I heard nothing more of the case until May 21st, when I was invited to attend a *post mortem* on her body at the Cottage Hospital. She had been under the care of four different physicians in the meantime.

She was admitted to the hospital with no history, and in a moribund condition. The case was thought to be typhoid fever. At the autopsy the lungs, heart, stomach, bowels, spleen, liver and kidneys were examined and found normal, with the exception of sixty-four gallstones, each about the size of large peas, found in the gall bladder.

The pelvic cavity was next examined; the organs were found to be firmly bound together by old adhesion. The uterus was in normal position. The fallopian tubes were both very much distended and as thick as a man's thumb. The fimbriated extremities were firmly adherent to the ovaries. The left ovary lay directly behind the uterus, so turned that it lay on its own fallopian tube. The right ovary was covered by a mass of inflammatory tissue, and a small cystic tumor, about the size of an almond, lay by the side of the tube, half an inch from the ovary; this was filled with a brownish looking fluid; another cyst about as large as a pea, with a very thin wall and almost perfectly transparent, was found on the outside of left ovary.

On slitting up the fallopian tubes they were both found to be filled with a thin, unhealthy looking pus, amounting in each to about half an ounce. The walls of the fallopian tubes were flabby, and collapsed as soon as the pus escaped. The pus had the appearance of having been confined within these cavities for some time. The pyogenic membranes were entirely destroyed, and the walls of the pus cavities on the inside were very red and glassy. There was no point either at the uterine or ovarian extremity where this pus or any fluids could find exit.

The brain was next examined, and the meninges showed very distinctly the traces of recent inflammatory action, which was the immediate cause of death.

Now the only thing about this case I wish to call special attention to, is the fact of the pus being confined in these two cavities. We will not theorize as to how it got there, but simply state that it is not a very

uncommon thing for pus to form after inflammatory attacks about the folds of peritoneum within the pelvis, and to remain unnoticed for months and even years. And in all cases we have noticed there is an absence of the pyogenic membrane after the pus has been allowed to remain for a time in the cavity. A word as to treatment of this condition. If it is possible to locate it exactly, it would, of course, be advisable to evacuate it immediately. This, however, is quite difficult to do in many cases. A free incision into the pus cavity, if accessible, and this evacuated, the sack will quickly heal if there is no pyogenic membrane, but if this be present, you may predict a long and tedious recovery. Often for months, and occasionally for years, pus will continue to form and discharge through the small fistulous opening left after the partial closing up of the opening made to evacuate the matter. These cavities, when once opened, should be washed out daily with a warm solution of carbolic acid, by means of a hard rubber catheter or anything that best answers the purpose. Great attention should be paid to the general condition of the patient, tonics, stimulants, etc., as the case may require.

CANCER CURED WITHOUT THE KNIFE.

Enclosed you will find a description of one of the results of this very common advertisement among a certain class of social parasites that prey upon society under the cover of "Doctor ——" that came to my notice a few days ago. If you consider this a matter of sufficient importance you may publish it.

Yours respectfully,
J. A. H. —

On the 27th of May last, I saw for the first time Mrs. M., an American, thirty-three years of age, who has been married fifteen years, had eight children and three miscarriages. Five of the children are living, two were still-born, and one lived a few hours. Two of her children were with her, one, a boy of seven, was robust and healthy, the other, a child of eighteen or twenty months, had hydrocephalus. Mrs. M. was anæmie and badly nourished; her general history was good up to six years ago, when she had a bad sore throat, lasting for a few weeks, was "cured," and enjoyed good health until three years ago, when a small "pimple" appeared on the face close to the

left alac of the nose. She could not give an accurate description of this pimple, but knew it was a very short time in coming, and thought it was as large as a pea, smooth and red. She consulted two or three physicians at that time, one of whom thought it was a cancer, and wanted to cut it out. She could not remember what the others said. Thoroughly frightened she called upon a cancer "doctor," who confirmed the diagnosis of cancer and advised her to have it removed by "plasters." She consented and submitted to his treatment for several months. At last becoming alarmed at her reduced condition, at the disfiguration, and at the extension of the disease to the throat, she lost confidence in the "doctor." Through the kindness of a brother practitioner she came under my care; I found what looked like an indolent, erading specific ulcer, involving the roof, sides and floor of both nostrils. The cartilaginous portion of the septum was gone. The greater part of the cartilages of the left alax, with the integument, and also the lower margin of left anterior naris was gone. She says the "doctor" eat this out with "plasters" to kill the cancer. The laryngoscopic mirror showed her laryngeal trouble to be a bilateral perichondritis with extensive redness and œdema of the contiguous parts. I since learned from her husband that the child, which lived but a few hours, was born with a reddish copper colored eruption that extended over its body. He also volunteered the information that he did not think it was a cancer any of the time. I put the woman on a vigorous tonic and specific treatment, and to-day, June 9th, she says the tenderness over the nasal bones has disappeared and her throat feels much better. Her voice has become much clearer.

The Chicago Medical Society has appointed a committee to confer with the State Board of Health as to the feasibility of a statute which shall invest the exclusive right to grant license to practice medicine in Illinois in a board of examiners, independent of all medical schools. The State Board of Health has submitted to the faculties of the various medical colleges a proposition that all individuals desirous of pursuing the study of medicine in Illinois shall be submitted to uniform preliminary examination by the State Board.—*Medical Record*.

THE THIRTY-FIRST ANNUAL MEETING OF THE IOWA STATE MEDICAL SOCIETY.

The thirty-first annual meeting of the Iowa State Medical Society was held at Council Bluffs, May 16th and 17th, 1883. The session was formally opened at 10 A. M., with the president, Dr. D. Scofield, of Washington, Iowa, in the chair. A divine blessing was invoked upon the society by Rev. Mr. Hamlin, of Council Bluffs. Dr. Green, of Council Bluffs, was to have delivered an address of welcome to the members present, and "would probably have delivered it had he not been suddenly called to attend an important case a short time before the opening of the convention."

The morning session was largely taken up in registering members, receiving and electing new members, and by the committee of arrangements in perfecting their programme.

At the afternoon session the president's annual address was delivered by Dr. Scofield. In the course of this address Dr. Scofield made, in substance, the following suggestions:

* * * We feel that greater care should be exercised in the admission of members to our society. * * * Without more care than hitherto exercised, unworthy persons will have their names enrolled among us even as permanent members. * * * Would it not be well for this society to limit its permanent membership to about one or two from each county in the state, while representation by delegates from the different county societies, schools and hospitals, shall remain about the same as now constituted? Let the delegates be entitled to membership only *pro tem*, or only for the especial meeting of the society to which they were regularly and properly sent. Let the price for permanent membership be such as shall cause it to be esteemed really an honor to be so elected, as, for instance, the preparation, presentation and acceptance by the society, or its committee of publication, of an essay upon some professional subject, and a repeated evidence of the confidence and esteem of their fellows, shown by their being chosen as their delegates to at least two annual meetings; and a long stride will have been taken towards the desirable end of securing not only more important, but also more perfect papers for the use of our publishing committee. No form of organization, however, could be devised that would not be liable to some serious objections, so diverse and variable are the individual interests of the members of our profession.

STATE BOARD OF HEALTH.

The regulations of our state board of health and laws governing the same are in many localities rendered nugatory because of the strange neglect or wilful refusal of so many to make the required reports. It does seem strange, that in a state which protects no right in the profession, that labor and time should be demanded of it, without reward or recompense. We had hoped, however, that the general professional pride would prompt all our members to a cheerful compliance with all the needful requirements of this board, to the end that a compilation of vital statistics may be secured, that will reflect credit upon our state.

The address was referred to a committee consisting of Dr. Watson, of Dubuque, Dr. Hill, of Adair and Dr. Caldwell, of Adel.

Dr. S. B. Thrall, of Ottumwa, read a paper on the medicinal properties of mineral water, devoting considerable space to the mineral waters of Iowa. This paper gave rise to a spirited discussion, not confined strictly to the subject of the paper.

Dr. Davis, of Mapleton, read a paper upon the diagnosis and treatment of diphtheria, which was discussed by Drs. McClure, of Mt. Pleasant; Ross, of Page county; Clapp, of Iowa City; Robertson, Muscatine; Jenkins, Keokuk; Watson, Dubuque; Robinson, Washington county, and Simonton, Des Moines, after which the paper was referred to the committee on publication.

Dr. Robertson, of Muscatine, read a paper advocating the necessity of a large fire-proof building in Washington to be used as an army and medical museum, and a place for the reception and exhibition of all specimens of interest to science and medicine, and also as a public medical library. On motion a committee consisting of Drs. Robertson, Muscatine; Ransom, Burlington, and Crouse, Waterloo, was appointed to draft a memorial to congress, setting forth the need for such an institution and asking a reasonable appropriation for its erection.

Dr. W. F. Peck, of Davenport, read a paper upon the recent improvements in instruments and appliances. Dr. Macrae, of Council Bluffs, reported an interesting case of malformation in the hands and feet of a child.

On motion the society adjourned until 8 P. M.

At the evening session, Dr. Hill, of the insane asylum at Independence, read a paper entitled, "What to do with the chronic insane." This important paper

caused considerable discussion, and was referred to a committee, to be hereafter selected, of one member from each congressional district, to draft a memorial to our next state legislature calling attention to the growing necessity for additional and proper hospitals for the care of this unfortunate class, who are entitled to, and should have the best of care, both as to places of confinement and medical treatment.

Dr. Emmert, of Atlantic, followed with a well written paper upon the subject of surgery, which was referred to the committee on publication.

THURSDAY, May 17th.

The morning session was called to order by President Dr. Scofield. Dr. McClure, of Mt. Pleasant, moved that a committee of one member from each congressional district be selected by the committee on nominations to memorialize the next legislature in reference to securing additional establishments for the care of the insane.

The secretary read his annual report, which was referred to the committee on finance.

Dr. J. Williamson, of Ottumwa, read an interesting paper on the subject of "Injuries of the Perineum," which was referred.

Dr. L. C. Swift, of Des Moines, read a paper upon the subject of "Uterine Fibroids," which was also referred to the committee on publication.

An interesting discussion on these papers then followed, and was entered into by Drs. Hyer and Carter, of Omaha, Smouse, Des Moines, and Peck, of Davenport. The matter was then referred to the committee on publication.

The chair appointed the following committee on finance: Drs. Gustine, Criley and McCleary.

A telegram was read from Dr. D. S. Fairchilds, of Ames, chairman of the committee on microscopy, in which he regretted his inability to attend the meeting, and sending his greetings to the members.

Dr. A. S. V. Mansfield, of Ashland, Nebraska, secretary of the Nebraska State Medical Society, was duly elected an honorary member.

Dr. E. H. Hazen, of Davenport, chairman of the section of "Othology and Ophthalmology," read a resume of the state literature ophthalmology and othology.

Dr. C. M. Hobby, of Iowa City, read a paper upon the subject of "Strabismus," upon which remarks followed by Drs. Hobby, Hazen and Cruttenden.

Dr. Robinson, of the committee on revision, recommended a substitute for section 6, article 5 of the constitution, and also a change of article 9, providing for the appointment of a committee on mental and nervous diseases and on state medicine. Referred.

Dr. J. F. Kennedy, chairman of the committee on publication, filed his report.

The report of the committee to which was referred the address of President Scofield reported in favor of its adoption and general circulation among the fraternity.

Adjourned until 2 P. M.

AFTERNOON SESSION.

Upon the opening of the afternoon session Dr. W. W. Hale, of Des Moines, read an interesting paper upon "Materia Medica." This paper was referred to a committee on the same.

Dr. Robertson, of Muscatine, made a report upon sanitary science, which was ordered referred to the committee on publication, and Dr. Robertson was requested to publish the same.

The following named gentlemen were nominated as delegates to the American Medical Association, to meet at Cleveland, June 5th: Drs. L. J. Adair, Anamosa; Wm. Fitzgerald, Clinton county; W. F. Peck, Davenport; W. H. Baxter, Muscatine; G. H. Hill, Independence; D. McClure, Dubuque; S. G. Wilson, George Wurne, Independence; S. B. Cluse, J. W. Smith, Charles City; C. C. Parker, Lafayette; H. H. Bulio, Decorah; Henry Ristine, Cedar Rapids; C. M. Hobby, Iowa City; C. C. Griffin, Vinton; J. B. Watts, Millersburg; J. C. Hensy, Ottumwa; S. B. Thrall, Ottumwa; H. C. Huntsman, Oskaloosa; G. P. Hannawalt, Des Moines; B. H. Criley, Dallas Center; Kersey, of Stuart; T. J. Caldwell, Adel; W. H. Cristin, Creston; L. S. Graves, Afton; J. B. Wilson, Creston; J. E. Howell, Greenfield; H. W. Hart, Council Bluffs; F. M. Ponwell, Glenwood; C. DeMott, Shelby; F. A. Xanton, Avoca; Zanar, Nevada; P. S. Mosier, Boonsboro; H. G. Ristine, Fort Dodge; Ira L. Welsh, Humboldt; Davis, Mapleton; Knott, Sioux City; Toring, Grand Junction, and Gunn, Madrid.

On motion, Dr. Hannawalt, of Des

Moines, and Dr. Macrae, Council Bluffs, were selected delegates from the Iowa association to the Nebraska meeting, to be held at Lincoln.

ELECTION OF OFFICERS.

The committee on nominations reported the following named physicians as their selection of officers for the ensuing year:

President, Dr. S. E. Robinson, of West Union; first vice-president, Dr. H. C. Hunstman, of Oskaloosa; second vice-president, Dr. D. W. Crouse, of Waterloo; secretary, Dr. A. A. Deering, of Boone; assistant secretary, Dr. A. C. Simonton, Des Moines; treasurer, Dr. G. R. Skinner, Cedar Rapids; and trustees, Drs. J. D. Miles, Washington, D. S. Fairchild, Ames, and J. B. Wilson, Creston.

Upon taking the chair, Dr. Robinson thanked the society in appropriate terms for the honor conferred upon him.

The committee on nominations then reported the following committees for the ensuing year:

Committee on Ethics—Dr. Scofield, Washington, chairman; Drs. Wm. Watson, Dubuque; J. D. McCleary, Indianola; C. M. Hobby, Iowa City; J. M. Knott, Sioux City.

Committee on Arrangements—Dr. G. P. Hannawalt, Des Moines, chairman; Drs. A. C. Simonton, Des Moines; E. W. Clark, Grinnell; J. M. Emmert, Atlantic; L. J. Alleman, Boone.

Committee on Publication—Dr. A. A. Deering, Boone, chairman; Drs. G. R. Skinner, Cedar Rapids; J. Williamson, Ottumwa; J. D. Miles, Washington; W. D. Middleton, Davenport.

Committee on Necrology—First district, D. W. Overbolt, Columbus Junction; second district, W. W. Grant, Davenport; third district, C. C. Bradley, Manchester; fourth district, S. B. Chase; fifth district, W. C. Schultze, Marengo; sixth district, S. B. Thrall, Ottumwa; seventh district, L. C. Swift, Des Moines; eighth district, Dr. Ross, Shenandoah; ninth district, D. Macrae, Council Bluffs; tenth district, H. G. Ristine, Fort Dodge; eleventh district, W. S. Schermerhorn, Jefferson.

Committee on Insanity to Memorialize the Legislature—First district, A. D. McClure, Mt. Pleasant; second district, Jennie McCowen, Davenport; third district, M. H. Waples; fourth district, S. E. Robinson,

West Union; fifth district, J. C. Schrader, Iowa City; sixth district, J. Williamson, Ottumwa; seventh district, J. F. Kennedy, Des Moines; eighth district, P. Lewellen, Clarinda; ninth district, H. W. Hart, Council Bluffs; tenth district, P. S. Moser, Boonsboro; eleventh district, G. W. Beggs, Sioux City.

Des Moines was selected as the place for the next annual meeting, after which the convention adjourned *sine die*.

NOTES AND QUERIES.

Under this head space will be given for questions in reference to matters of general professional interest, for short replies to the questions, and for brief notes of useful facts.

1. Is there any law preventing township officers from shipping cases of suspected smallpox into other towns?

There is no law punishing such an offense, and we understand that only where pauper residents are thus sent can one county collect damages from another.

2. What is the "Texas itch" of horses?

The "Texas itch" of horses is caused by the presence of a parasitic insect of the same genus and closely related to the *sarcoptes scabiei* of man, and it is successfully treated by the *rancheros* of southwestern Texas and Mexico by throwing horses and painting them all over with a mixture of sulphur precipitat and petroleum, high-test petroleum being preferred. One or two applications are usually sufficient. It is well to observe that not all equine troubles so denominated in Iowa are the genuine "Texas itch."

3. What are the best forceps for extracting "wild hairs?"

A pair of blacksmith's tongs! The extraction of inturning cilia is a mischievous practice. It covers up the trouble and lulls the patient into security for the time being, so that rational measures of relief are neglected until the cornea is hopelessly crippled. When cilia turn toward the globe they should be transplanted, everted or ablated.

4. What effect has the *Cereus Bonplandi* upon the heart or blood vessels?

The therapeutical action of this important drug has not yet received the close attention which it evidently deserves, judg-

ing from the effects the administration of the fluid extract has had in a number of cases, under my care, but the *effects* have been pronounced and unvarying, as for instance, in a case of aneurism of the cœliac axis in a woman, æt. about fifty years, who had been treated for a number of years, but had steadily grown worse. She came under my care suffering from very marked disturbance of the circulation, feeble, very irregular, heart action; loss of appetite, dyspnœa, diarrhœa and constipation, alternating irregularly and apparently without cause, except circulatory. *Nux vomica*, tartrate of antimony and potash, ergot, veratrum viride, and lastly digitalis were given, and all failed to bring about the desired changes, but from the hour that ten drops of the fluid extract of *cereus bonplandi* was administered the irregularity in circulation, the pulsation of the abdominal tumor, the dyspnœa, the syncope and other symptoms of disordered circulation began to disappear, so that in three weeks' time after commencing the *cereus* she had recovered sufficiently to be about the house; and now, three months after the commencement of the treatment, she is attending to her household duties, and not suffering from any marked disturbances, a condition just opposite to that she had been in for more than seven years previous to the use of the drug. The tumor has greatly diminished in size, has apparently become much more firm, and the pulsations are but little more marked than those of the abdominal aorta.

SALICYLATE OF ZINC.

This salt is very soluble in water, and dissolves also in alcohol and ether. The medical properties attributed to salicylate of zinc are that it forms a valuable antiseptic and astringent agent. In certain kinds of cancerous ulcers it has, we are told, given some excellent results, and has been used successfully in gonorrhœa, as an injection, in solution containing one-half to one per cent. of the salt. Messrs. Poignet and Demarres, two French pharmacists, assert that it is preferable to sulphate of zinc as an astringent in ophthalmic affections, and in other cases, since it combines with its astringent action the antiseptic properties of salicylic acid.—*The Monthly Magazine of Pharmacy*.

HIGHER MEDICAL EDUCATION.

Minnesota has shown a praiseworthy desire to elevate the standard of medical education. We gladly note, therefore, further progress: The faculty of the Medical Department of the State University, says the *Northwestern Lancet*, met recently and organized. The President of the University is *ex-officio* President of the Medical Department, and P. H. Millard was elected Secretary. This is not a teaching faculty but purely an examining, and the ambition of the gentlemen forming it is to raise the standard of the profession in the northwest. They purpose conferring two degrees, that of Bachelor of Medicine and Doctor of Medicine. Parties desiring to take either of these degrees must have studied four years, attended three courses of lectures, and possess a degree of some college of letters or arts, and not possessing the latter, go before the general University faculty, and pass an examination that would admit him to the Sophomore year of said University. No party can obtain the degree of M. D. without having passed an extra good examination, and defending a thesis before the faculty.

A homœopathic physician of Minneapolis has been appointed "Professor of Obstetrics and Gynecology" in the "State University Medical College," a non-teaching faculty appointed by the regents, and constituting, by recent enactment of the legislature, the examining board for the state.—*Medical Record*.

HOT WATER AS A GARGLE.

Dr. Ritzky has found hot water systematically employed as a gargle of great benefit in overcoming the sensation of rawness incident to acute pharyngitis. He found that the use of hot water paled the red and inflamed mucous membrane more or less permanently. And so far as unpleasant personal sensation went, it cured the pharyngitis. He also believes that this simple plan of treatment would prove beneficial in diphtheria, in patients old enough to gargle intelligently. In ordinary tonsillitis hot water, he thinks, would hardly fail to act well. The water should be used as hot as can be well borne, and gargling should be practiced for several minutes at a time.—*The Medical Age*.

TO DEODORIZE IODOFORM.

Several new methods for this purpose have recently been published. Here are some of them:

1. Carbolic acid..... 1 part.
- Iodoform..... 2 parts.

Powder, and mix well.

No change seems to take place in the iodoform, but the odor is entirely, or, at least, considerably, masked by that of the carbolic acid.

2. Iodoform..... 100 parts.
- Oil of peppermint..... 5 "
- " neroli..... 1 part.
- " lemon..... 2 parts.
- Tincture of benzoin..... 2 "
- Acetic acid..... 1 part.

Powder the iodoform finely, and mix intimately with the other ingredients. Transfer to a well-stoppered flask, and keep at a temperature of from 120° to 140° F. over a water-bath for two days. The mixture, when finished, has a pleasant odor of Eau de Cologne.

3. Camphor..... 5 parts.
- Charcoal 10 "
- Iodoform..... 15 "

Powder, and mix intimately.

The above mixtures are used daily by Dr. Gillete in his practice at the Bicetre Hospital, according to the *Rep. de Pharm.*

Dr. Putz, of Graefrath, has tried all the recommended means for covering the odor of iodoform, and confines himself now exclusively to oil of mirbine or nitro-benzol, all the others having failed in his hands. Six drops of nitro-benzol are used for every gram of iodoform.—*Pharm. Zeit., and New Remedies*.

A NEW JOURNAL.

The *Medical Register* has again changed. This time the *Polyclinic*, "a more pretentious journal," will succeed it. This journal will be conducted by the *Philadelphia Polyclinic*.

Insurance statistics, compiled from official sources, show that the Burlington Insurance company possesses the largest amount of assets to liabilities and does the largest business of any fire insurance company in Iowa.

The Hawkeye Insurance company does more business in Iowa than any other company. It has less litigation and pays its losses promptly. It has the largest surplus of any company in the state.

THE IOWA STATE MEDICAL REPORTER.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. I.

DES MOINES, IOWA, AUGUST, 1883.

No. 2.

ORIGINAL ARTICLES.

DISEASE OF THE MASTOID.

BY C. M. HOBBY, M. D., IOWA CITY, IOWA.

The aim of this paper is not to recapitulate the literature of Disease of the Mastoid, but to place on record some of the writer's conclusions in reference to the management

After going to press we received postive proof that we were misinformed in regard to some of the facts upon which we wrote the review of Dr. Lothrop's Medical and Surgical Directory of the State of Iowa.

We regret very much that we have done Dr. Lothrop an injustice and we hereby wish to correct all adverse criticism that reflects at all upon him. We learn that the responsibility for the mistakes rests either upon Dr. Lothrop's assistants who did not correct the advance sheets, or upon the printer for typographical errors. We have found that some of the mistakes not "vouched for" (having only a positive verbal proof, in distinction to those "vouched for" by written proof), are correct as given.

By a typographical error " * * * graduation, those names marked &c.," reads " * * * graduation. Those names marked &c," thus conveying the idea that they should be excluded from the work, instead of from the list of mistakes.

We notice a great many typographical errors throughout this issue of the JOURNAL. We have made arrangements so that in the future they will be reduced to the minimum.

case, but at the time when first seen, discharge traceable from the middle ear, and from a sinus leading to the mastoid, had existed for more than six months. All suffered from pain, in all referred in general to the corresponding side of the head, one localized the pain in front of the ear, one in the mastoid, and one in the occiput, the other two gave no special point of location.

Nothing pain was present in the acute constantly, in the cases proceeding chronic diseases it was paroxysmal. was present in all of the cases, in (ute) it became constant before operation. Complete perforation of the mastoid was performed in four cases and ended on account of healthy condition in one. I believe the operation have been completed in this one.

ie of the cases an exposed sequestrum and involving two-thirds of the mastoid process and including the antrum, in softened place in the bone was found dentist's excavator, and enlarged with gouge; in one the bone was perforated rough half an inch of sound tissue gouge. The operation was successful every instance, in three undoubtedly off a fatal termination, in the other including the one abandoned, affording relief to the suffering, in the case where operation was unfinished the vertigo was y diminished possibly from the counteraction; in the case where the sequestrum was removed, the patient's health was y improved. She passed from observation soon, and the condition as to cessation of discharge is unknown. Both of these were females. The first died of variolous about two years after the operation, the d of hemorrhage, supposed to be from

the lungs about eighteen months after the operation.

The operation has apparently had no effect upon the hearing power; in two of the cases no perception of sound was obtainable after the operation, in both the previous disease had undoubtedly injured the internal ear. In three there was more or less perception of sound, one being 2-72 (the unfinished case,) one being 12-72, one 1-72; the two last were acute cases. All were adults, and one of the acute cases was sixty-five years of age.

In one fatal case, seen in consultation, acute suppurative inflammation of the middle ear had existed for only about two weeks, when pain and vertigo supervened, eventuating in coma. At the time I first saw the patient, he was unconscious. His pupils were contracted, and oedema existed over the mastoid. Wilde's incision was made and the mastoid searched for a soft place without result, he never recovered from his coma. In this case cerebral complication undoubtedly existed, but with my present experience I believe that in such a case the mastoid should be freely opened and the patient given the chance of free drainage of the pus cavity.

I have recorded several cases where suppurative inflammation of the middle ear was accompanied by openings from the external canal into the mastoid cells, and these cases have undoubtedly been the result of Nature's effort to supply drainage, they have all occurred in early life, and in all of them caries still existed. I have been unable to follow the subsequent history of these cases, but I believe them to have a dangerous character.

The conclusions the writer has arrived at from the consideration of the foregoing cases, the full history of which is impossible in an article of this kind, are as follows:

1. Diagnosis:—The writer has never perforated the mastoid until oedema was added to other symptoms pointing to mastoid disease, nevertheless, undoubtedly there exist cases in which it is better to perforate before oedema occurs, and probably all of the above cases would have been spared much suffering if the operation had been performed earlier. Pain and tenderness in these cases is likely to be located anywhere but over the mastoid, and location there is

no positive evidence of disease of the interior of the mastoid. We must then determine the probability of disease of the mastoid requiring interference from the aggregation of all the factors.

First—Suppuration of the middle ear: The previous existence of suppurative inflammation of the middle ear is essential to the diagnosis; but the discharge may not be present when the mastoid trouble is prominent, cessation of discharge followed by symptoms referable to the mastoid is not uncommon, and perhaps, this has something to do with the popular fear of "stopping a running ear." In all the cases I have seen there has been either a minute perforation of the membrane, or a contraction of the calibre of the external meatus. I believe that the dangerous symptoms of mastoid disease only occurs when there is mechanical obstruction to the free exit of discharge; this may be from granulations, from adhesions of the membrane to the promontory, from minesto or simply "safety valve" perforations of the membrane or from the dry method of treatment, producing obstruction.

Second—Pain: The continuance of pain of a throbbing character, referred to the middle ear, to the temple, to the vertex, or to the mastoid. When the membrane is perforated and discharge is, or has recently been present, it is always suggestive of confined pus.

Third—Vertigo: This existed in all of my cases, and whether it be caused by entire tympanic pressure, by hyperæmia, or by otitis, it with the other symptoms is corroborative.

The persistence of these three conditions for a considerable time (say for two or three weeks) without any further evidence of mastoid disease, I believe to be sufficient warrant to perforate the mastoid antrum. I am aware that this somewhat radical rule will be objected to; and that perforation under such circumstances will sometimes fail to benefit the patient, yet with a clear recognition of the anatomy of the parts, there is no great danger attending the operation.

But if to the foregoing, oedema should be added, perforation ought not to be delayed.

Nature spontaneously opens a way for discharge at times, and even sequestra of large size may be separated and cast off without assistance, yet the painful and exhaustive

process by which this is accomplished and frequently of the assurance of cerebral abscess and death, renders the interference of the surgeon not only proper but advisable.

I can add nothing original to the methods of operation, except to emphasize the fact that the hand bone gouge, curved, is the best instrument for perforation, and immeasurably safer than any drill. It is well, also, to make sure that the communication between the antrum and tympanum is free, thus affording an opportunity to secure perfect cleanliness of both. The mastoid should be kept open until it granulates from the bottom, polypoid granulations should be repressed, and the surgeon should fully comprehend that from one to six months usually pass before it is safe to discharge the patient.

REFLEX IRRITATION.

BY ARTHUR L. WORDEN, M. D., DES MOINES, IA.

Very many of the pains and ailments we have to meet with are reflex symptoms. A case was once brought for treatment, supposed to have hip joint disease (coxarum morbus,) previous to this, however, the youth had had his knee entirely blistered, on the supposition that he was threatened with inflammation of the knee joint. A careful examination led to the following prescription:

R
Pulv. santonini, - - - - gr. XII.
Hydrargyri chlorid mite, - gr. v.
Pulv. rhei, - - - - - gr. XVI.
Mix et. ft. chart No. iv.

Sig.—One powder every second morning before breakfast.

During the next ten days the patient passed large quantities of *ascaris lumbricoides* and all symptoms of the hip and knee trouble passed away.

The following case is almost unique: J. P., aged 13 years, came to my office April 21st, complaining of headache and a tender spot on the top of his head. I found a place about the size of a silver dollar, that was extremely sensitive. Simply to brush the hair lightly with the hand would cause the patient to shrink. As the case had already been in the hands of several physicians and was considered chronic, I made no promises.

Questioning failed to throw any light on the case. I suspected some genital irrita-

tion, but patient had no bad habits and said he was not troubled any in regard to his sexual organs. Examination, however, revealed the fact that the prepuce was firmly adherent to the glans. My diagnosis was made. On 23d I "peeled off" the adherent prepuce—Dr. D. W. Smouse administering the anaesthetic. Absorbent cotton was placed between the denuded surfaces and they were allowed to granulate. In a few days they were entirely healed and in two weeks the soreness had entirely disappeared from the top of the head, the headaches gone, and he was improved in all respects.

In May, 1880, Mrs. M. brought her son, aged four years, complaining of pain in the epigastric region. Examination revealed no symptoms that could be relied upon to make a diagnosis. I prescribed for dyspepsia and told them to return if he did not get better. June 10th they returned with the report that he was worse than ever. I stripped the child and examined him thoroughly. Found phymosis and diagnosed reflex irritation from adherent prepuce and deposit of calcareous matter about the corona glandis. I operated, under an anæsthetic, June 12th, and found as I had predicted. The patient made a fine recovery from the operation and the pain in his epigastric region entirely disappeared.

At present I am treating a case of "weak legs" in a child, of nearly three years, in which I ascribe the whole difficulty to phymosis. I have circumcised him and expect a complete cure of the deformity.

APOPLEXY.

BY J. R. GORRELL, M. D., OF NEWTON, IOWA.

[A paper read before the Jasper County Medical Society and ordered to be published in some medical journal by a resolution of the Society.]

Although it is no doubt true that the same pathological condition, *i. e.*, that of a ruptured blood vessel, or transudation of plasma, which constitutes cerebral apoplexy, may and does often occur in any or all of the tissues of the body, and therefore, if the nomenclature is based upon pathological conditions alone, it is proper to speak of apoplexy of any organ in the body. If, however, the nomenclature is based upon the symptoms, as well as the pathological condition, then the term ought to be restricted to brain lesion. The clot from a ruptured blood

vessel in the lungs, liver, or muscle produces a series of phenomena wholly unlike the same lesion in the brain. As we always associate coma with hemiplegia, and as the word apoplexy is derived from two Greek words that mean to "knock down," I think the literature upon the subject would be more intelligible if the profession all understood apoplexy to refer only to brain disease. I will therefore use the word with the above signification, and in speaking of other organs will only do so when referring to the similar mode of repair throughout the entire organism.

The pathological condition present in every case of apoplexy, without reference to its location, is the rupture of a blood vessel and the formation of a clot, at or near the point of rupture, or the transudation through the walls of the vessels; the plasma of the blood. The former, I prefer to call, *acute apoplexy*; the latter, in which there is a gradual transudation or exudation into the adjacent tissue, or into the ventricles of the brain, is variously denominated serous, chronic, or passive; I prefer the word "*passive*."

Passive apoplexy generally results from some obstruction to the return of the venous blood to the brain; as for example, heart lesion, a tumor or goitre: the term passive apoplexy, is only proper after the beginning of the transudation of plasma, through the distended veins, the condition before that being congestion. The congestion and transudation is intensified by the arterial blood pressure.

Another variety, occasionally met, and very properly called convulsive apoplexy, has the same pathological condition as acute and passive apoplexy, except that the lesion is in a different part of the brain.

If the clot or exuded plasma is in the anterior surface of the medulla oblongata, the tuber annular, or the lower part of the crura cerebri, convulsions will result with or without coma. I incline strongly to the opinion that in all the varieties, an antecedent degeneration of the walls of the vessels must exist, or a rupture, or transudation, will not occur from the blood pressure to which the part has been subjected.

It is conceivable, at least, and possibly true in pathology, that where there is no degeneration of the walls of vessels, an

embolus or thrombus plugging an important vessel may act as a stasis in an inflammatory way, because of hydraulic blood pressure, and so far engorge the part as to temporarily or even permanently impair the nutrition of the vessels adjacent to, or contiguous with the thrombosis, thereby causing from blood pressure alone, without former degeneration of vessels, the exudation of plasma.

There yet lies open a wide field for investigation in the localization of the lesion in cerebral apoplexy, not that it has any interest as it bears upon treatment but only for its scientific or collateral interest. The regular profession have not at the present and are not likely to have a remedy for a diseased condition in one hemisphere that will not be appropriate for a similar disease in the other, but homeopathy most likely will.

Beyond the fact that lesion in one hemisphere produces paralysis on the other side because of the decussation of some of the nerve filaments in the medulla oblongata, and that lesion in the right side produces more profound coma than on the left and that lesion on the left side renders speech more difficult than on the right, nothing farther can be said to be definitely settled.

One of the most important points, perhaps the most important, in the discussion under consideration is connected with the process of repair. There is in all the organs unmistakable evidence of an effort at repair. Sometimes successful, at other times unsuccessful after an apoplectic rupture or effusion has occurred. The pressure by the tissue adjacent to the point of rupture or effusion tends to limit the amount of disease, (sometimes the clot is large generally small in amount,) the effect of the contiguous tissue acting as a tampon in uterine hemorrhage. The hemorrhage or exudations having been arrested nature proceeds at once in one of the three following methods to repair: The first effort is to absorb the exuded matter or the clot, if a failure results then the fluid parts of the clot are absorbed and an adventitious membrane forms around the remainder and the mass is encysted and need not never thereafter be a source of danger. The last effort is to organize the clot by shooting into it and on to it blood vessels by which it is transformed into tissue resembling the tissue to which it is adjacent. Degenerations of

the exuded products may occur which is an abcess and not apoplexy. I need hardly say that in a large per cent of cases of acute apoplexy death results from pressure before any of the foregoing processes begin. The symptoms are generally so well marked that the diagnosis is easy.

In some cases, however, if the patient is not seen until there is profound coma, all motion on both sides gone, the breathing stentorous then the diagnosis is not easy. The differential diagnosis between apoplexy and acute alcoholism and opium narcosis, to say the least, very difficult. I think I may go farther and say if the paralysis consequent on the brain lesion is not apparent and in the absence of a sufficient history in the two former conditions, the differential diagnosis, may on first examination be impossible.

I am fully satisfied after a careful examination of the literature upon this subject and a rigid analysis of my own experience that the condition of the pupil has no differential diagnostic weight. It is true that the primary effect of opium and pilocarpine is to contract the pupil because of its peculiar specific action upon the concentric muscle fibres of the iris but if death results the effect of the poison passes away and the pupils are dilated—the pupils are always dilated at or before death—atropia dilates the pupil because of its specific action upon the radiating fibres of the iris, as death approaches its action passes away leaving the pupil dilated. I conclude, therefore, that the condition of the pupil is of no service in diagnosis but an important aid in prognosis.

TREATMENT.

The treatment in my hands will consist of the use of remedies that will favor constructive metamorphosis, and believing as I do that the bromide of potassium is a brain bleacher that it diminishes the blood supply to the brain thereby withholding from the partially degenerated blood vessels that which is necessary for repair I would not give it. Every tissue and organ in the body is but an aggregation of cells—any pathology not based upon diseased cell life is defective—and if there is low cell life the use of any medicine tending still farther in that direction savor largely of the doctrine of *similia similibus curanter*.

I will not at present go as far as some pathologists do and assert that even hypertrophy is the result of impaired cell life.

I would give nux vomica, ergot damiana and phosphorus, and if death did not occur early, the iodide of potassium, for reasons that are obvious to you all.

In chronic or passive apoplexy I would attach much importance to life free from excitement, mental and physical, no straining at stool and the judicious use of iodide of pot. and ergot and a generous diet.

I have not discussed the cause of apoplexy except the degeneration of the walls of the vessels as the immediate antecedent in point of time and also of causation from a pathological stand-point. The real and often preventable cause antedates the attack many years. We admit the possibility of disease in any part of an organism that is unstable, of an inflammation with its products or degeneration of tissue from impaired nutrition which is purely idiopathic and is therefore, not preventable.

In a large per cent of cases the predisposing cause, *over-tension of the brain and nervous system* begins in our public schools under the instruction of some young and inexperienced teacher who knows nothing of the intensity or duration of the tension that minds of different ages or of different temperaments can sustain without doing violence to the organism.

This pernicious cramming begins too soon and is carried on too long. Immediately supervening upon the tension of school life comes the tension of professional studies followed by the cares, anxieties and responsibilities incident to the professions. If business or labor is to be the pursuit of life, it begins at once, or even before school life closes, so that with the masses there is over-tension, mental and physical, from the cradle to the *apoplexy, softening of the brain* or insanity. What the people need is less labor, mental and physical, and if political economy demands it, greater pay for their services; more sleep and more amusement and there will be less need for works written upon the subject of brain and nerve diseases. Man is the product of his environments. It is the environments that are at fault. Let us correct them.

PLACENTA PREVIA COMPLICATIONS AND DEATH.

By JAS. T. PRIESTLEY, M. D., DES MOINES, IOWA.

June 10, 1883, John K., applied to me for treatment. His case was a well developed attack of gonorrhea in the second stage. I prescribed for him, and knowing that his wife would in a short time require the attention of an accoucheur, I said to him: "John, I hope that you have had nothing to do with your wife since you contracted this disease?" "Oh, my God, doctor, no! I got this from that bad whites she has, but I no touch her since I saw this." His wife being as pure a woman as the general average, I knew he lied when he said he contracted his "clap" from her. He was well in about two weeks. July 9, 1883, I was called to see his wife; I found laying on the bed, her face white as the driven snow, pulseless, a cold sweat stood on her body, the bed was saturated with blood and a pool of blood stood under the bed. I passed my hand up the vagina and found complete placenta previa. I ran my fingers around, separated the anterior portion and dragged it down. The pains were few and far apart, the head showed no intention of entering. Knowing from former attendance on her, that the conjugate diameter was shortest, I suggested applying the forceps. She complained bitterly of the suffering I caused her. Finding that by compressing the placenta back against the posterior lip of uterus with my hand, that I controlled the hemorrhage. I sent for assistance. Dr. Page soon arrived, gave her chloroform and strived to apply the forceps, failing the first time I threw them aside, passed my hand, secured the feet, turned and delivered the child and exposed the placenta by Crede's method. The woman was very low, but under proper means, such as lowering the head, elevating the foot of the bed and hypodermic administration of brandy, ammonia and ergot, she rallied nicely. July 11th, was in fair condition, no tenderness of uterus. July 12th, still better. July 13th, she had a hard chill followed by high fever, temperature 104° F., and for two hours there was profuse sweating. During the stage of sweating the uterus relaxed and she flooded fearfully. When I arrived she seemed to be dying, but under the same means as were employed before, with the

addition of thorough bandaging of the legs and arms, she rallied. The chill was just the commencement of acute metritis, which went on until her death, July 17, 1883. The baby was alive and is still living, but was born with gonorrheal ophthalmia, consequently the mother had gonorrhea, and when I passed my hand through the vagina it carried the gonorrheal poison up into the uterus and she died, not from the placenta previa, but from gonorrheal metritis and septic poisoning.

Had it not been, for that miserable man inoculating his wife with gonorrhea, she would not have lost her life, and I would have had the pleasure of saving the mother and child both.

ACNE—ONE MODE OF TREATMENT—REPORTS OF CASES.

By F. E. CRUTTENDEN, M. D., Des Moines, Iowa.

The pathology, of the different varieties of acne as commonly recognized—acne simplex, acne indurata, acne punctata, and acne rosacea—is immaterial to the empirical and practical manner in which I wish to present my subject; it suffices however, to give a few observations that have lead, and seemingly, sustained my therapeutics.

Clinically, acne is a skin disease, or a disease that appears in the skin, involving principally the sebaceous glands, and subsequently, extending to the contiguous tissue of the derma, and to the epidermis.

Acne is common to both sexes—more, I think, to the male—and from the time of its appearance, may be called a disease of puberty, or early manhood and womanhood, commonly associated with sexual disorders. From the fact, that acne is frequently found *without* sexual disorders, or any general or constitutional malady, it is fair to suppose that such disorders or maladies are not the common cause of acne, but rather, that they serve to make the conditions more favorable for the production of this disease.

Having admitted the influence and denied the necessity, of remote or constitutional disease, we ask, what are the apparent causes? I have found one or more of the following conditions always present: In the male, a scanty or an irregular growth

of beard, a thickened, horny epidermis, an increased secretion of sebaceous matter to a marked seborrhœa, a general lack of cleanliness and frequent ablutions, a scanty sudorific secretion, a want of exercise, and a constitutional disorder of some kind that tends to aggravate or produce the above conditions; in the female, the above conditions will apply, excepting, the irregular growth of beard, and that the constitutional element is more common and more prominent.

Mr. L. age, 20; complexion, light; beard scanty, large circular patches on either side of the face with a total absence of beard, while the beard on the chin and upper lip is well developed, his general health, very good, and I can vouch that his habits are good. He says that "the pimples came first on his chin, left there, as his beard began to grow and came out on the sides of his face."

Mr. T., age 24; complexion, dark, sallow; scanty growth beard on chin, upper lip, and sides of face; skin dry; comedones found in large numbers on all parts of the face; acne scattered all over the face; all the varieties are represented; general health, bad; he was anæmic, had the characteristic murmur, and I believe was a masturbator.

Miss S. (No. 1.) age, 16; complexion, dark; seborrhœa, marked; skin, oily, thick; "washes in cold water;" general health good; slight menstrual disorder, never confined to house or bed by it; the face, one confluent mass of acne with a large number of pustules.

Miss S. (No 2.) age, 21; in all respects like Miss S. (No. 1.) excepting that general health, good; acne, not quite as severe.

All these cases, incompletely reported, are typical of acne in its pronounced form and are selected for this reason: In all, the conditions, set forth as being always present, were quite prominent; in all, I found soap and warm water, were not habitually used. Except in two of the above cases, I did not use general treatment, (which I consider indicated only for the general associated disease, and to be modified accordingly without special attention to acne) the local treatment used with each case, is as follows: Pustules, and indurated

bullae, were incised freely; five minute baths of hot water, or a bran poultice was applied for the first day, frequently. After that, hot baths were used twice daily, followed by a vigorous rubbing with woolen flannels, or, if the face was too tender, a mild sulphur or glycerine soap, after this the following was applied,

| | | | | | |
|---|------------------|---|---|---|--------|
| R | Salicylic Acid | - | - | - | 3iiss. |
| | Soda Biborate | - | - | - | 3ss. |
| | Bay Rum (Imp) | - | - | - | 3ijss. |
| | Ether Sulphuric | - | - | - | 3ij. |
| | Aqua Dist. Q. S. | - | - | - | 3iv. |

M.

Sig. Apply to the face twice daily.

until desquamation of the outer layer of the epidermis took place. After a few days the application became quite painful, and the skin had a dried glazed look. I discontinued the salicylic acid, used warm applications and returned to the woolen flannel. (See above.) Each of these cases recovered fully in a few weeks, the warm applications were ordered to be continued some time after. The large per cent of success I have had in the treatment of these cases by this mode, gives me a great deal of confidence. The emperical reasons for this course, I have attempted to set forth, briefly, in the local condition of acne and the cited form of procedure.

YELLOW FEVER AT HAVANA.—There were forty-eight deaths from yellow fever in Havana last week. Surgeon-General Hamilton, on July 30th, received a cable dispatch from Havana stating that the City of Merida, Vera Cruz to New York, left eleven cases of yellow fever at that port. The steamer was disinfected on Saturday. —*Medical News.*

INFANTAL PARALYSIS.—Dr. Barlow thinks that electricity is the chief agent to be relied on in this trouble. The earlier the treatment is begun the better. Stimulate the muscle first with the constant and later on with the induced current. At the same time have the patient attempt to move the affected parts.—*British Medical Journal.*

Jefferson Medical College has a Post Graduate school.

THE IOWA State Medical Reporter.

DES MOINES, AUGUST, 1883.

EDITORIAL.

"THE LIVING DEATH."

It is never difficult to pick up the advertising circulars or pamphlets of charlatanism, or to find occasionally the circulars of well educated and scientific men who are sailing under the piratical flag of Quackery.

Each of these classes work upon the credulity of the masses and from them comes the pecuniary profit.

We have a class, under another name, that impose upon the profession through their "new remedies," new nostrums, new preparations, etc. They send their circulars broadcast to physicians and others, containing highly colored announcements of their virtues, almost specific, and testimonials from physicians who crowd the letter of the Code very hard when they endorse proprietary medicines with or without a secret formula, giving at the same time their specialty, rank, professorship, etc. All of these we have become accustomed to as almost necessary evils.

Our attention has been lately called to a piece of quackery that for audacity and uniqueness, carries the palm. We refer to the "Living Death,"—the advertising circulars of H. H. Kane, A. M., M. D., dedicated,

"TO THE MEMBERS OF THE MEDICAL PROFESSION:—So many of whom have been under his professional care, or have sent

their patients to him at the old DeQuincy Home, at Ft. Washington, and to the LARGE CLASS WHO ARE TO-DAY BOUND HAND AND FOOT BY HABIT, and for whose emancipation he has so long and perseveringly worked, this little brochure announcing the successful termination of his labors and the crowning effort of his life, is respectfully dedicated,

BY THE AUTHOR.

46 W. 14th St., N. Y. City.

May 15, 1883."

Dr. Kane's ability as an author and as a successful practitioner, has been fully established by his work. His greatest success, however, has been reserved for his last move; in this, he has established a reputation that should knight him Prince of Quacks. He has used the profession, or rather many of its brightest lights, as his cat's paw, and with this paw he attempts to stroke the ruffled fur and silence the angry spit that always meets the bark of Quackery.

We do not believe that the "*fac-simile* letters" of such men as Willard Parker, Wm. Clark, T. Gailliard Thomas, Weir Mitchell, Alex. J. C. Skene and Benj. W. Richardson, endorsing Dr. Kane, were given with remotest idea that they would be used by Dr. Kane as found in his pamphlet. Neither do we believe, that the long list of prominent men of the profession who "endorsed" Dr. Kane did so knowing of their subsequent use, nor the men who answered his circular, sent out several months ago requesting information about the alcoholic and opium habit, some few of whom belong to our own State. These circulars are going out broadcast to physicians and others guaranteeing a cure for \$20 to \$75, "*quietly, painlessly and secretly*, and with *absolute certainty* of success."

He artfully states that his great respect for (?) professional secrecy will not permit him to use names of any of his patients as testimonials, therefore he uses the strongest testimony he could command—that of his former friends.

We believe that it is the duty of all, who have innocently aided in this nefarious business, to do all they can to undo the wrong and that the profession should do all that is consistent and within its power to crush this form of quackery.

This should be a life lesson to all who have contributed their mite, and should deter others from answering innocent looking circulars.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

Numbers 1 and 2 of this new publication are before us. It is needless to recall the efforts that have been made in the past to rescue the transactions of the yearly assemblage, of representative men, of the profession in America, from oblivion. The annual volume of "Transactions" has practically been accessible only to the permanent members and delegates, and to them only after a long interval of time.

While some may think that the papers read should become the property of the profession and free for publication by any of the numerous medical journals of the country, and others, that the author should have the right to dispose of his work in the best market, we believe the present departure is in the interest both of the author and of the profession.

It is at the present time, more than at

any previous period, desirable that the profession should be brought into closer relations with its individual members, and it seems to us that this weekly messenger, destined as it to reach more of the profession than any other medical publication, will, in the language of our time-honored *Code*, extend the bounds of its "usefulness."

Such a journal must of course, find other material for publication than that read before the Association, and as it will naturally become the medium of intercommunication between members of the profession its correspondence will undoubtedly be large and interesting.

In all respects, mechanical as well as literary, the journal does credit to the eminent physician and editor, Dr. N. S. Davis, who was selected to introduce it to the profession. Of the capacity of the editor and his loyalty to his profession, there is no doubt; but a great responsibility is before him, for "there is much music, excellent voice, in this little organ," and much will depend upon the "organist" whether its strains be harmonious or not; an occasional discord there necessarily will be, but the music of the "grand old profession" demands strict interpretation, all of the skill, but none of the invention of the organist.

—Some few of the eastern journals are circulating a report of the tabulated returns of the Secretary of the State Board of Health. They credit the reported births, 7,753; marriages, 5,282; deaths, 10,059; still-births, 225, as the probable or true condition of the changes in our population, other than by emigration. The

requirements of a marriage license has made the reported number of marriages about correct. The reported deaths are probably somewhat below the actual numbers, while the reported births do not represent one-half the actual number. It is a notable fact, that a large per cent of the physicians of Iowa report but few of their labor cases, due to the great inconvenience to many and a feeling of injustice with others at the demand for their services and time without compensation.

Since the above was written, we have learned from Dr. Farquharson, the Secretary of the State Board of Health, that no tabulated reports have been given to the press. The figures are untrue or at least unreliable. The principle, however, remains the same.

SOCIAL NOTES.

DR. JOHN RISTINE, of Cedar Rapids, is in Europe.

DR. JAMES B. WILSON, of Creston, is remodeling his house.

DR. A. W. MCCLURE, of Mt. Pleasant, is building a new house.

DR. S. CUMMINGS, of Sand Springs, has taken a trip to Colorado.

DR. G. M. KELLER, of Esterville, has moved to Sherburn, Minn.

DR. L. J. ALLEMAN and wife, of Boone, are East on a pleasure trip.

DR. AND MRS. JNO. B. HATTON, of Red Oak, have lost an infant daughter.

DR. B. F. KEIRULFF and wife, of Marshalltown are visiting at Montezuma.

DR. D. S. FAIRCHILD and family, of Ames, have been visiting at Esterville.

DR. G. P. HANAWALT and wife, of Des Moines, are taking a trip up the lakes.

DR. R. G. HULBERT, of Prescott, is alone. His wife has gone to Colorado for the summer.

DR. W. T. MACHESNEY, wife and son, Guthrie county, are visiting friends in Fairfield.

DR. C. H. RAWSON, of Des Moines, is on the coast of Maine enjoying the sea air and baths.

DR. J. W. OLIVER and daughter Mary, of Fairfield, are visiting with friends in Chicago.

MRS. DR. A. A. DEERING and children, of Boone, have been visiting at Oskaloosa the past week.

DR. J. B. H. FEENSTRA, of Carroll, has purchased a drug store and will abandon active practice.

DR. D. M. BALDRIDGE and wife, of Batavia, have gone to San Francisco, to attend the Knights Grand Conclave.

DR. D. M. COOL, of Waverly, was called home from Fairbault, Minn., last week, to attend the sick bed of his wife. We are glad to state that the lady's condition is much improved.

DR. I. M. HUSTON, of Victoria, met with a serious accident a few days ago by being thrown from his buggy and dislocating his collar bone. We are glad to hear reports that the Dr. is doing well.

DR. JOHN DENNISON and wife, of DeWitt, Iowa, with their son, John Dennison, of Chicago, have gone to Lake Chautauqua, New York, to be absent until September. The Dr. intends to spend his sixty-fifth birthday at his original stamping grounds, and will visit other points during his absence.

DR. J. H. BALL, of Storm Lake, Iowa, was drowned July 12, 1883, while bathing in the lake. The Dr. was a promising young man with a large circle of acquaintances and many warm friends, who deeply regret his unfortunate end. The Dr. was a graduate of the College of Physicians and Surgeons of Keokuk, and a member of the class of '80. His remains were buried at New London with masonic honors by the New London lodge.

THE following are changes of addresses of the Alumni of the State University Medical Department, furnished by Dr. S. S.

Lytle, Secretary of the Alumni Association, and are brought down to the present time:

T. E. Records, '82, West Branch, Ia.

H. A. Wheeler, '81, Onawa, Monona Co.

J. T. Glaze, '81, Solon, Iowa.

W. J. Holman, '76, Cedar Rapids, Iowa.

J. Alvin Brown, '76, Le Mars, Iowa.

Frank A. Xaulter, '76, Avoca, Iowa.

Thos. F. Kelleher, '78.

James T. Armstrong, '79, Omaha, Neb.

W. S. Gibbs, '79, Omaha, Neb., Professor of Physiology, Omaha Medical College.

"OBITUARY.—Dr. J. F. Ball, of Storm Lake, Iowa, departed this life July 12, 1883, aged 25 years, 3 months and 9 days, by the sad accident of drowning in Storm Lake while bathing with two of his fellow brothers. They having broken one of the oars, and the other two not being able to swim, he launched out for shore and almost reached the beach, but not being able to go any farther, cried for help and sank. He was a dutiful son of J. M. Ball, New London, and a brother and student of Dr. W. H. Ball, a prominent and promising physician and man of New London. We can only sympathise with them by saying, he was a brother, son and true friend, leaving a name unsullied and with a fame as both doctor and business man of Storm Lake. Our hearts go out in sympathy with them in this their hour of bereavement, and may their affliction be tempered so that they will be able to stand up amid the trials of this life. He was laid to rest at the New London cemetery Sunday forenoon. He was a member of the M. E. church, and all we can say is he is at rest. A FRIEND."

UNFORTUNATE COUNTER-PRESCRIBING.—A Second avenue druggist in this city who attempted counter-prescribing has, along with his patient, come to grief. It appears that he advised a woman who inquired of him for a physician to take his own counsel for her sick husband, and prescribed for the patient, whom he had not seen, a medicine which the patient took and shortly after died, in spite of the efforts of some physicians, who declared that he died of poisoning by opium. Everybody will wish, if this story turns out to be true, that Leman may receive the extreme penalty of the law for quackery.—*Record*.

PATHOLOGICAL NOTES.

SUDDEN DEATH DURING BILIARY COLIC.

REPORTED BY DR. C. M. HOBBY.

The patient had suffered from attacks, supposed to be due to the passage of gall stones, for 15 years. Succeeding an attack and while at stool, he was suddenly seized with dyspepnoea and died. Post mortem, eight hours after death—gall bladder filled with gall stones varying in size between that of a millet seed and that of a small hazel nut. Adhesions of gall bladder, right lobe of liver and lobus quadratus, to duodenum. *Complete* closure by adhesion of pericardial sac. Fissure in the external walls of the right auricle occupied by a soft clot, heart slightly enlarged, right side full of fluid blood, no clots, mitral valve fringed, other valves normal.

DEAR EDITOR—The case reported by Dr. Swift in the July number of your excellent journal, reminds me of a case I once saw reported. The interest in both cases center in the lack of prominent symptoms. Male, aged between 55 and 60 years, laborer. One evening about six o'clock he vomited a quantity of blood. He had no pain, and there was no evidence of disease of any of the abdominal or thoracic organs. Patient appeared well and healthy. Had complained some for two years of an uneasy, disagreeable feeling across his stomach and loins, sometimes amounting to pain. He had never vomited or passed any blood by his bowels before. The next morning his bowels moved and it was found that he passed large quantities of blood. Patient grew weak, but rested quietly until the following morning when he was seized with epigastric pain and died very soon. Post-mortem disclosed a stomach and bowels full of blood. In the duodenum a small perforating ulcer was found which had corroded and eaten through an artery. No diagnosis had been made. In Dr. Swift's case ulcer had not been suspected.

These men had probably been regarded as malingers. A. L. WORDEN.

SOCIETY REPORTS.

ANNUAL MEETING OF THE CENTRAL DISTRICT MEDICAL ASSOCIATION.

The Ninth Annual Meeting of the Central District Medical Association was held at Ames, June 19, 1883.

On the arrival of the members at Ames, carriages were in waiting and the party were taken to the Iowa Agricultural College, where under the charge of Prof. Fairchild, they spent a couple of hours very pleasantly.

The society was called to order at 8 P. M.

Present: Drs. P. S. Moser, President; A. A. Deering, Secretary and Treasurer; B. F. Allen, Chas. Enfield, D. N. DeTar, G. H. Grinnell, A. J. Ross, W. S. Shermerhorn, A. L. Wright, D. J. Brookings, H. D. Ensign, P. W. Farrar, R. S. Gwynn, G. D. Rowe, L. Schooler, S. T. Goodman.

The records of last meeting were read and approved.

Drs. T. Thompson and C. W. Allen were elected members by invitation.

The following gentlemen were elected members of the society:

Drs. Peter Joor, Maxwell; E. W. Kearby, Elkhart; W. L. Ross, Perry; J. M. Brown, Cambridge.

The report of the Treasurer showing a balance on hand of \$158.88 was adopted.

On motion of Dr. Wright the Treasurer was ordered to drop from the roll of membership all who are three years or more delinquent and who do not pay on being notified.

A paper on "Modern Therapeutics," by Dr. J. Shermerhorn, was listened to with much interest and was freely discussed.

The "Germ Theory" of disease was presented by Dr. Fairchild, and he was requested to continue the same subject for the next meeting.

Dr. Shermerhorn read a short biographical sketch of Dr. J. Pressnell, of Scranton, who died Feb. 17, 1883, and it was ordered placed on the records.

The following officers were elected for the ensuing year:

Drs. D. S. Fairchild, President; G. H. Grinnell, Vice-President; A. A. Deering, Secretary and Treasurer.

Jefferson was elected as the place for holding the next meeting.

The President appointed the following committees:

Medical ethics—Drs. Moser, Wright and Shermerhorn.

Censors—Drs. Enfield, Meredith and Ensign.

Arrangements—Drs. Deering, Shermerhorn and Enfield.

To prepare papers—Drs. Joor, Enfield, DeTar, Brown, Farrar, W. L. Ross, Allen and Wright.

Drs. Ensign and Wright read reports of interesting cases, and many of the members made verbal reports of cases.

The meeting adjourned at 12:30 after a very interesting and profitable session.

OXIDE OF ZINC vs. IODOFORM AND BISMUTH.

After using oxide of zinc as an application to more than two hundred large and small wounds, Prof. Fred Peterson, of Kiel, has written enthusiastically in its favor. He also mentions two cases of bismuth poisoning due to absorption of that substance from wounds. One was characterized by severe stomatitis, and a blue color of gums, lips, tongue, etc., which persisted and was evidently due to deposit of bismuth or sulphide. In the other case the inflammatory symptoms were less marked. "I know of no better application for burns, injuries to the skin, crushed fingers, felons or after scraping out of lupus. For deep injuries to the skin with or without loss of substance, I have obtained as good results with oxide of zinc as with iodoform and bismuth. In ulcers of the legs, in many cases of eczema, in intertrigo (also prophylactically) this remedy is excellent as an antiseptic and to dry up discharge. It fulfills the indications for a wound dressing; it prevents the occurrence, that is the development, of injurious organisms, and—provides not for the escape of secretion, but—prevents, at least, in many cases its formation in any considerable amount. It forms over more superficial wounds a protecting antiseptic scab. Even when suppuration occurs under the scab, the secretion is ab-

solutely odorless providing the zinc oxide has come in contact with all parts of the wound and factors of decomposition have not been included by it."—*Deutsch. Med. Woch.*

CARBOLIC ACID POISONING.

A few days ago, writes H. H. Vinke, M. D., St. Charles, Mo., to the *Medical News*, I had a chance to study the symptoms of carbolic acid poisoning in two children, the one, a boy of 8 years, and the youngest, a girl of 5 years. They were both troubled with *Oxyuris vermicularis* (thread-worm), and I had prescribed carbolic acid, twenty drops to be added to a pint of water, and used as an injection. But on account of some misunderstanding the mother had added a large teaspoonful of the acid (which contained by actual measure seventy drops) to a pint of water. She had given both children the above injection about half-past 7 o'clock a. m., and in about 5 minutes after the administration of the injection, they both fell asleep, and slept for about twenty minutes. After this they awoke, got up from their bed, talked constantly and incoherently, walked about the room in a very restless manner; very soon their gait became uncertain and unsteady, till, unable to maintain an erect position, they fell upon the floor. They were entirely unconscious, their eyes had a wild and vacant stare, and pupils were much dilated. Their breath was charged with vapor of carbolic acid. The forehead of both children was hot, extremities, however, were of a normal temperature; the skin was covered with perspiration. The pulse was full and frequent. Even after they had been put to bed, they showed constant muscular agitation, and it appeared that they might have convulsions any moment. They did not appear to suffer any pain.

About 9 o'clock a. m. they became more easy and quiet; the muscular agitation gradually subsided, and they fell into a comatous condition from which they could be aroused only with difficulty; when they would open their eyes, still having that same wild and vacant stare. During this

state, respiration was somewhat laborious and diminished in frequency. About 11 o'clock a. m., the boy, when aroused, appeared to be conscious, but immediately relapsed into a somnolent state.

About one hour later, the girl regained consciousness. Soon after that they commenced to vomit and vomited more or less all day. After that they recovered rapidly.

In regard to the treatment, I wish to add that immediately upon my arrival at the house, I washed out the rectum with an injection of water, soap, and castor oil, and not knowing an antidote for carbolic acid, I administered five drops of spts. aeth. nit. every hour, with a view of eliminating the poison by the kidneys.

EXPERIMENTAL MENINGEAL HEMORRHAGE.

M. Bonnot has published some experiments on the effects of injecting fluid blood beneath the dura mater in dogs, with a view of reproducing the symptoms of meningeal hemorrhage. Some of the animals were, others were not, under the influence of anæsthetics. The effects did not appear immediately, but a certain period, termed by Bonnot the latent period, intervened between the moment of the injection of three to five cubic centimeters of fluid blood and the first signs of impaired function. The next period was the period of painful excitation. Soon after tonic convulsions were observed, characterized by convulsive phenomena and respiratory syncope. The respiration was at first accelerated, but soon suddenly ceased. General convulsions of all the muscles then occurred, and a violent attack of opisthotonos was brought on. The heart at first preserved its rhythm, but, if respiration did not recommence, either spontaneously or induced by artificial means, death supervened, evidently from asphyxia; but if the respiratory process is maintained, the animal may recover, after exhibiting for a longer or shorter period the symptoms of coma, the coma being longer in proportion to the amount of blood injected. Thus, with fifteen cubic centimeters of blood injected beneath the dura mater, anæsthesia was complete and the coma was

protracted for a long time. During this comatose anæsthesia the respiration was usually irregular, intermitant and analogous to that form which is known as the Cheyne-Stokes respiration. The period of tonic convulsions was always short; it intervened more readily if the animal was rendered anæsthetic by chloral and especially if the subdural injections had been made rapidly, so as to produce an immediate change of pressure in the brain. In no case was M. Bonnot able to obtain evidence of paralysis.—*Lancet*.

WHO WOULD NOT BE A DOCTOR?

Quite a number of our young men are studying for the medical profession. We do not wish to deter them from this laudable pursuit, for a physician's calling is one of the most honorable, ennobling, humanizing, and useful in the world. But all is not gold that glitters, and the following are some of the sweets of a doctors life: If he visits a few of his patients when they are well, it is to get his dinner; and if he does not do so, it is because he cares more for the fleece than the flock. If he goes to synagogue regularly, it is because he has nothing else to do; if he doesn't go, it is because he has no respect for the Sabbath nor religion. If he speaks reverently of Judaism, he is a hypocrite; if he doesn't he is a materialist. If he dresses neatly, he is proud; if he does not, he is wanting in self-respect. If his wife does not visit you, she is "stuck up;" if she does, she is fishing for patients for her husband. If he has a good turnout, he is extravagant; if he uses a poor one on the score of economy, he is deficient in necessary pride. If he does not write a prescription for every trifling ailment, he is careless; if he does, "he deluges one with medicine." If he makes parties, it is to soft-soap the people to get their money; if he does not make them he is afraid of a cent. If his horse is fat it is because he has nothing to do; if he is lean, it is because he isn't taken care of. If he drives fast, it is to make people believe somebody is very sick; if he drives slowly, it is because he has no interest in the welfare of his patients. If the patient recovers, it is owing to the good

nursing he received; if he dies, "the doctor did not understand his sickness." If he talks much, "we don't like a doctor to tell everything he knows," or "he is altogether too familiar;" if he don't talk, "*we like to see a doctor sociable*." If he says anything about politics, "he had better let it alone;" if he don't say anything about it, "we like to see a man show his colors." If he does not come immediately when sent for, "he takes things too easy;" if he sends in his bill, "he is in a terrible hurry for his money." If he visits his patients every day, it is to run up a bill; if he don't, it is unjustifiable negligence. If he orders the same medicine, it does no good; if he changes the prescription, he is in league with the druggist. If he uses any of the popular remedies of the day, it is to cater to the whims and prejudice of the people, to fill his pockets; if he don't use them, it is from professional selfishness. If he is in the habit of having frequent consultations, it is because he knows nothing; if he objects to having them, on the ground that he understands his own business, "he is afraid of exposing his ignorance to his superiors." *If he gets pay for one-half his services* he deserves to be canonized. Who wouldn't be an M. D.—*The Hebrew Standard*.

PROF. VIRCHOW'S RESIGNATION.—Prof. Rudolph Vircho has resigned from the Association of German Physicians. This step was taken on account of the association having publicly censured him for writing a note of thanks to an apothecary, Brant, who sent him a box of pilulæ helveticæ (the formula of which is published) during a recent sickness. This note stated that the pills had been beneficial to Prof. Virchow, and Brant, without his knowledge, published it as a testimonial. Prof. Virchow thinks that the censure was unmerited, and he denies that he gave a testimonial at any time for these or any other pills.—*Medical News*.

GOLD MEDAL TO DR. BROWN-SEQUARD.—The Royal College of Physicians has awarded the gold medal, founded in memory of the late Dr. Baly, as a mark of distinction in physiology, to Dr. Brown-Sequard.—*Record*.

REVIEWS.

THE MEDICAL AND SURGICAL DIRECTORY OF THE STATE OF IOWA, FOR 1883 AND 1884, BY CHARLES H. LOTHROP, M. D. Cloth, pps. 200.

This is the fourth edition, much improved, of this work. A work which has been produced under physical obstacles, which few men, and those, of heroic mold, could surmount. Those who know our confere and the disability under which he labors, can only wonder that the feeble body sustained the bright and active mind in such continual efforts to advance the profession he loves.

Such need no guarantee of fidelity in any work to which Charles H. Lothrop devotes himself.

This manual contains the names of nearly three thousand practitioners of medicine and attempts to give the residence, place and date of graduation of all those known to be graduates, the residence and standing of all those known not to be graduates, the residence and names of all those of whom nothing is known, the members of State and county societies, the permanent members of the American Medical Association, and the roster of pension surgeons. The laws relating to medicine, surgery and pharmacy, are given in full; the charitable institutions of the State have each a notice, with a list of officers, physicians, and teachers; and the fee bills of several of the medical societies of the state are also included in this compact manual. Upon the whole, Dr. Lothrop is to be congratulated upon the excellence of the work. We have carefully read its contents, and find therein a number of peculiar and interesting facts. Like all works of its kind it is not absolutely free from mistakes; we notice quite a number, (a few of which we can vouch for) relating to residence, date, and place of graduation. Those names marked "nothing known" should be excluded, as Dr. Lothrop or his agents are under no obligations to look up the record of any physician. These mistakes are very trifling when compared with the amount of material handled. Yet, from the fact, that the

record given is the result of careful investigation, and will be taken by the profession as unquestionably true, except in those instances known personally to the contrary, these mistakes are, at least, very unfortunate (we believe unintentional.) In justice to Dr. Lothrop and the profession at large, we gladly offer our columns for the correction of such mistakes as are properly vouched for. This manual is sold by Charles H. Lothrop, M. D., Lyons Iowa, for \$1.50.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF WEST VIRGINIA.

We have received a copy of the transactions of the Medical Society of the State of West Virginia, held at Grafton, May 16 and 17, 1883. The general tone of the work indicates a laudable and ambitious desire for progress as evidenced by the President's annual address in which, in bright and lively language, he advocates a higher medical status by these plans—prohibiting all druggists, not regular graduates of medicine and surgery, from prescribing, establishing a State university, where medicine and surgery can be taught, and regulating the standard of qualifications by legislation.

The papers published, on the whole, were good; one, however, *Insanity as a Disease*, by Dr. Geo. H. Carpenter, of Moorefield, is worthy of special mention. The published register shows 131 active members. There is an annual prize for the best original essay or paper. This feature is one, that by competition will serve to improve the quality of the papers, and one, that could be advantageously adopted by other societies.

THE WESTERN SCIENTIST.

We are in receipt of the above journal of popular science, published at Ottumwa in this State. It would be out of place to review its contents in a medical journal, but we beg its editor in the name of true science, philanthropy, and decency, to exclude such advertisements as deface its pages upon its first issue. There are few, even of our weekly papers, that admit into their advertising columns, the disgusting announcements that are displayed in this journal.

Our first impression upon glancing over it was, that it was a new scheme for the distribution of "quack" literature, but upon second inspection we found original articles by S. B. Evans, and Wm. Leighton, both of whom we know are lovers of pure science. Allow us therefore to beg again that before its second issue, the *Western Scientist* take a good bath, and purge itself with the mineral waters of Ottumwa, from such unscientific, disreputable and filthy garments.

MINERAL WATERS OF IOWA.

Medical virtues of the mineral waters of Iowa are rapidly becoming appreciated, as the following communication will show:

DEAR SIR:—I find the following in your advertising pamphlet:

"Our magnetic rock spring is 335 feet deep, and has a flow of 5,000 gallons in twenty-four hours."

I note this paragraph also:

"Our magnetic rock spring water cures rheumatism, dyspepsia, liver complaint, constipation, dropsy, paralysis, St. Vitus' dance, delirium tremens, diabetes, stone in the bladder, blood diseases, scrofula, ulcers, female weakness and general debility."

I do believe that this is what is the matter with me. It reads just like my symptoms. Therefore please send me, with bill, one barrel of your magnetic water, and if I like it I will take the rest.

Also, please instruct me as to dose—for adult. Also, what do you put with it? I mean, what do you put with it to divert your mind from observing that you are taking medicine? Will it go with temperance beverages? I mean, soda water, lemonade, panada, milk, whisky, and such things. I am thus strict because I am a grandson of temperance, my father having been a son of temperance. Temperance is deeply imbedded in our family. It is for this reason that I ask, and repeat, will it go with temperance beverages?—will it go with the moistures I have mentioned? If with whisky, what proportion of the water is best, combined with what disproportion of whisky?—for an adult, as remarked before.

Yours, in alert expectancy,

MARK TWAIN.

P. S.—The ORDER is genuine, anyway. The rest of the screed—now that I come to read it over—appears to wander from the point, in places. M. T.

ERGOT AS A PREVENTIVE OF THE AURAL TROUBLES OCCASIONED BY QUININE AND SALICYLATE OF SODA.—In three cases of acute articular rheumatism, Schilling has observed that the prolonged administration of salicylate of soda in doses of 3vss–3ijss a day, causes permanent aural trouble. The membrana tympani was thickened and of a cloudy aspect. A fourth case, which in two successive days had taken single doses of grs. xxx of sulphate of quinine, became subject to roaring in the ears and deafness. This is not an unfrequent effect of quinine or the salicylates administered in large doses, and Schilling proposes to administer ergot with these drugs in order to prevent this vascular paralysis; for example he gives the following: Ergotine grs. xv, salicylate of soda 3ijss, water 3vj. S.—A large spoonful every hour. Of eighty-seven patients who have taken this prescription, three-fourths have had no aural symptoms, and the same was noticed in nine other patients who took quinine and ergotine in equal parts. This mixture will be equally preventive of the amblyopia which sometimes follows large doses of quinine.—*Progres Med.*

PILOCARPINE AS A REMEDY FOR FETID FOOT-SWEAT.—Dr. Armaingaud has used a hypodermic injection of pilocarpine in several cases of fetid foot-sweat with good results. The suppression of sweating about the feet, even when rapidly brought about by the use of this remedy, does not appear to affect the general organism injuriously. whether the effect is permanent cannot be decided at present. Pilocarpine acts here by exciting a diverting secretion in the salivary glands; the sudorific effect, which is more readily obtained with jaborandi than with pilocarpine, does not appear to be able to replace the specially salivating effects of the latter.—*Pharm. Post.*

Insurance statistics, compiled from official sources, show that the Burlington Insurance Company possesses the largest amount of assets to liabilities and does the largest business of any fire insurance company in Iowa.

THE IOWA STATE MEDICAL REPORTER.

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VOL. I.

DES MOINES, IOWA, SEPTEMBER, 1883.

No. 3.

ORIGINAL ARTICLES.

UTERINE FIBROIDS AND THEIR TREATMENT.

BY J. C. SHRADER, M. D., IOWA CITY.

During the active period of reproductive life, the uterus is very susceptible to the development of neoplastic growths. I know of no reported case of uterine fibroids occurring during infancy, and very few indeed prior to puberty. When they resemble uterine tissue closely, they have been termed myoma, but Virchow, who has studied these growths carefully, calls them fibro-myoma. The typical form is a hard, dense body, which when cut, creaks as the knife passes through it. Sometimes they are comparatively soft, the difference depending on the amount of connective tissue which they contain.

Klob, divides these growths into two classes: Simple and compound; simple where only one tumor is found, and compound where two or more are developed. They are sometimes formed in large numbers, as in a case reported by Emmett, where a large growth was found to be composed of many small ones. They may develop in any part of the uterus, but are more frequently found attached at, or near the fundus: next in frequency, to the body, and last of all to the cervix. The point of origin is of the first importance to the practitioner, recognizing the fact that they all develop within the parenchyma of the uterus. If the development is in or near the peritoneal surface, it is called *Sub-serous*; if near the mucous membrane, sub-mucous,

and interstitial if near the middle of the uterine walls. Some are attached by a broad base, others by a slender pedicle which becomes more and more elongated as development proceeds. The mobility depends very much upon the length of the pedicle, and instances are reported where the sub-serous have become detached and have been found floating free or have become adherent to some other organ within the abdominal cavity.

They vary very much in the degree of their vascularity. As a rule, no large vessels are found entering the tumor directly, but they pass beneath the peritoneum and ramify over the external surface of the tumor, or around the capsule in the same way, only small vessels entering the structure. These growths are liable to disease—some take on a calcareous or cretaceous form of degeneration, others a colloid form; rarely a rupture of the blood vessels occurs giving rise to an apoplectic condition. Inflammation may occur and pus be formed. A few cases are reported on what seems to be good authority where a malignant degeneration has occurred. Marcy says, "Few diseases presenting such simple anatomical appearances produce so many, and varied symptoms." The symptoms manifest in a case depend very much upon the age of the patient, size, location, and especially complications. Pain either in the tumor or surrounding parts is almost always present. Hemorrhage and serous or sero purulent discharges are frequent; and especially in the sub-mucous variety. These excessive discharges weaken the patient, causing anemia, impaired digestion, nervous symp-

toms, &c. The prognosis depends very much upon the age of the patient, and the rapidity of the growth. If the patient is near the menopause when the tumor commences to develop, her chances for life and usefulness are very much increased, over those where the disease appears early. Various means have been suggested for the relief and cure of these growths. The limits of this paper precludes our giving all the means that have been resorted to at different times and by different physicians for their removal.

It is our object to call attention to the medicinal remedies only. Ergot has been used with varying success by Atlee, Hildebrandt, Byford, White, Howard, Jackson and many others. Some cures are reported, improvements in some, and no relief in others. The remedy has been used by the mouth, rectum, and hypodermically, with about the same results. I have now and within the last year had twenty-one cases under observation and treatment, and have been using ergot in some, with *viburnum prunifolium*, and in most cases, also potassium iodide and ammonium bromide. The attention of the profession has been called at different times and in different medical journals, for the past few years, to the superior excellence of *ustilago maidis* or corn ergot in the treatment of these affections. Having given this remedy a trial in a number of cases, I can freely endorse the opinions of others of the value of the drug. It acts very much like the ergot of rye, but seems to keep up a more steady and permanent effect upon these growths. Its tonic and contractile effect upon muscular fibre, whether of the walls of the uterus or of the blood vessels is certainly worthy of a trial in all cases, at least, where the ergot of rye has been insufficient. Whether it possess also "steotogenic" properties remains to be determined. I think there is a decided advantage in the combination of remedies, as may be indicated in each case, of uterine fibroids, or other diseases, whether of a medical or surgical character. We are not prepared to state that uterine fibroids can be cured by any course of treatment, whether medical or surgical. Surgery has not as

yet accomplished, in the removal of these growths, what it has in cystic growths of the ovaries. Consequently, any medicinal treatment which will control the hemorrhage, improve the digestion, and restore the weakened nervous forces, and gradually diminish the growth, or even arrest its development, is certainly worthy of a trial by every intelligent physician. I will, in this paper, report one case. Mrs. A., Swede, aged 45, married twenty years, seven children, youngest, two years. Within one month after delivery, began to suffer pain in right inguinal region. Soon noticed a hard growth which increased steadily, and upon examination, I found a hard nodulated mass in the abdominal cavity extending above the umbilicus, composed of three distinct growths, one growing from the posterior part of the body of the uterus, some three inches in diameter, and pressing down into Douglass pouch. Another growing from the left anterior portion of the fundus and as large as a foetal head at term, and attached by a slender pedicle. In addition, the uterine walls were very much thickened, the cavity measuring $4\frac{1}{2}$ inches. Patient pale, emaciated, anxious facies, menstruation lasting two weeks, digestion impaired, bowels constipated, severe pain through growths.

Commenced treatment, July 18, 1882. Aug. 4th, patient feeling much better, appetite improving. Within three months the patient was able to help her husband on the farm. July 1st, 1883, patient called at my office, had been out of medicine for some time. Upon examination found a small portion of the tumor about the size of a small hen's egg on the posterior part of the uterus, the rest could not be found—uterus nearly of normal size. Menstruation regular, and lasting four days. Says she feels well.

There is no claim made that this patient is absolutely cured, but certainly, she has been materially benefitted.

The treatment consisted principally in the use of the *ustilago-maidis*, *viburnum prunifolium*, *viburnum opulus*, and the iodides and bromides, with aromatics, varied as the circumstances of the case seemed to require.

VOICE CULTURE, AS A CAUSE AND A REMEDY IN DISEASE OF THE VOCAL ORGANS.

BY F. E. CRUTTENDEN, M. D., DES MOINES.

PART I.

Specialists of note, who have contributed largely to the standard literature on diseases of the vocal organs, have devoted but little space in their works to the mechanism of the voice, and have given less attention to its culture, save in an occasional monograph or article, usually written in a popular style to please a class of the laity, engaged as students or teachers of elocution or singing.

Why, the profession has manifested so little interest in the field for investigation that the subject furnishes, is difficult to answer. The literature of the day hardly indicates an exhausted research that could rate its value, or stamp it as worthless.

The ranks of the profession contain its hundreds of students, experimenters, and investigators, who are eager to rush into every new field—*Tubercular Bacilli*, for example. Indifference seems to be the only attributable cause, arising probably, from these facts: That hygiene and culture of the vocal organs has been abandoned largely to a few competent teachers, and a mass of quackish empirics; that those of the profession who have turned their attention in this direction, judging by their writings, have confined their study and observations to the general and microscopical anatomy, and to the physiological functions of the several parts, and from this data they have formulated laws and methods for vocal training, that are contradictory to the experience of the few successful teachers, whose methods have grown principally from their clinical work; and that very few students of medicine ever acquire a sufficient knowledge of music or acoustics, to enable them to combine it with their knowledge of the anatomy, physiology, and diseases of the vocal organs, to study the effects of the variations in the mechanism of the voice.

It would require too much time and space to produce all the available material that could be used to establish, that the manner of mechanism, employed in the production

of the speaking or singing voice, exerts a very decided influence upon producing and maintaining a normal, or abnormal condition of the vocal organs; therefore, I assume, *a priori*, that *voice culture is one cause of disease of the vocal organs, and may be a therapeutical agent.*

Before attempting to present to the reader the evidence, to substantiate the truth and to determine the value of the above statement, it is necessary to clearly define the meaning of the term *voice culture*, as it is here used. From infancy to old age, all training of the vocal organs, by voluntary or involuntary effort, for the production of sounds, whether articulate or inarticulate, speaking or singing, is included under the term, *voice culture*.

From the fact, that training of the vocal organs for the production of tone, is both a cause and a remedy for some of their diseases, it must be true that there is a good or *proper* and a bad or *improper* mode of training; it is also equally true that there can be no intermediate.

Let us next understand in a general way, which are the vocal organs, and what are their several relative uses in the production of tone.

We cannot hold that any one part of the body may not, at times, be indirectly a factor in the production of tone or rather quality of tone; but from the fact, that any truth we may hereafter develop will be proportionately applicable, our term, *vocal organs*, will include only those parts directly engaged in the mechanism of the voice. The thorax contains and controls the motor element—air; the lungs furnishes the reservoir and the muscles of respiration—the regulating power. The trachea connects the reservoir with the larynx and furnishes an elastic, uniform, and cylindrical tube, through which a steady column of air can always be thrown against the vocal reeds. The larynx, or voice box, contains the vocal cords, or reeds, which meet the expiratory column of air, and offer such elastic resistance as is necessary to produce sound. The manner in which the expiratory column of air meets the vocal reeds, and is resisted by them, determines the kind of vocal sound. The pharyngeal,

oral and nasal cavities, with their contents, form the resonant or sounding board that gives the character, or quality, to the vocal sound.

Having accepted that there is an *improper*, and a *proper* mode of training or education of the vocal organs, we must understand definitely what constitutes *proper* training. The employment of such means as will make *that concerted action of the vocal organs which will produce the best quality, and the greatest quantity of tone with the least effort.* A perfect tone requires in addition to this, perfect organs. All vocal organs are capable of producing proper tones, and as they are more or less perfect, will require inversely more or less effort in attempting to produce an ideal or imitate a standard perfect tone. This axiom, together with too much haste and improper modle tones, forms the *fundamental principle* of voice culture as a cause of disease of the vocal organs, to which is often added the improper methods of instruction.

When pursuing our investigation through the paths definitely located, while passing through the ordeal of creating organized premises, we must necessarily separate ourselves from a large per cent of the diseases of the vocal organs, some of which are intimately connected with the subject under consideration. A few words of explanation are necessary, in order that the reader may not receive the impression from silent contrast, that the writer holds that it, this per cent, is of less value, or that he makes this subject too important, a hobby.

The classified diseases of the air passages are too numerous, and too closely connected with each other, to examine thoroughly any one disease, or class, in detail, without going largely into diseases that time and space, at present, will not permit; hence, I draw an abrupt division line to confine my work, but not to disturb the relative importance of any other disease.

Dr. CHARLES FREMONT DIGHT, assistant to the Chair of Pathology and Practice of Medicine in the University of Michigan, has been elected Professor of Anatomy and Physiology in the Medical College at Beirut, Syria, Asia.—*Record*.

OPERATIONS FOR TRICHIASIS.

BY C. M. HOBBY, M. D., IOWA CITY, IOWA

There is no operation which the ophthalmic surgeon is called upon to perform more frequently than the operation for trichiasis. Yet this operation is a stumbling block for many surgeons.

Broad diversity in methods of treatment characterize the experimental stage of therapeutics, and as good a text book as Wecker's *Chirurgie Oculaire* gives no less than twelve methods of operation for trichiasis and entropion, besides several methods of partial operation.

The above diversity shows that there are no well established rules, guiding all operators in the treatment of this condition. All operations are followed by temporary relief, few by permanent, and the operation ordinarily performed of excising a fold of integument, is very transitory in its effects. We find in the literature of the subject two operations, those of Anagnostakis and Hotz, which are based upon pathological considerations, and which, give permanent relief in a large proportion of cases. Both of the above operators, however, attribute the result to a part of the operation (stitching the tegumentary flap to the tarsal cartilage) which is only of secondary importance. It is impossible to completely separate trichiasis from entropion, the two conditions so frequently co-exist, nevertheless in considering the methods of operating entropion by itself will be omitted.

The pathological conditions existing in trichiasis are as follows: Contraction of the ciliary fibres of the orbicularis; hyperplasia of the connective tissue between the integument and the tarsal cartilage; hypertrophy and flexure of the tarsal cartilage. The indications for treatment are to *permanently evert the border of the lid.* Shortening of the integument alone will not do this, the writer has encountered many cases where the integument had been excised until closure of the palpebral fissure was impossible, without relief to the trichiasis. The conclusions resulting from a consideration of the anatomy of the eyelids, and the pathology of trichiasis are as follows: That permanent eversion, in the

upper lid can only be obtained by securing attachment of the integument to the tarsal cartilage after everting the border. That, in the lower lid this can be sometimes accomplished by the simple removal of the integument.

In the upper lid Hotz's method of incision drawing the lid down until the first palpebral fold of integument becomes straight and making the incision from two millimeters above the inner canthus to two millimeters above the outer, giving a flap from five to seven millimeters in the middle may be adopted, or an incision parallel to the border of the lid four or five millimeters above may be employed. The essential thing is to have a tegumentary flap of sufficient width, then the lower flap should be dissected close to the integument as far as the border of the lid, and all tissue between the integument and tarsal cartilage removed, muscular fibres connective tissue and fat; so that when adhesion takes place the integument will be as firmly adherent to the tarsal cartilage on the outside, as the conjunctiva is on the inside. After this preparation, if the cartilage be thickened, a piece should be excised, after the manner of Luellen, so that tension upon the lower flap brings the border of the lid into the required position.

In order to secure adhesion of the integument in this position sutures may be passed through the lower flap and then through the orbital fascial above its union with the tarsus, then tie at once, (Anagnostakis,) or pass through the upper flap before tying (Hotz), or, stay sutures may be passed under the integument above for sufficient distance to draw the lower flap into place while the tegumentary borders are united directly; under such circumstances the stay sutures can be removed in twenty-four hours. The essential point, the union of the integument to the tarsal cartilage, is occasionally frustrated by suppuration in the track of the sutures, when these involve the tarsal cartilage or aponeurosis, this is obviated by the use of the stay sutures. It will be seen that this method is somewhat more complicated than the ancient one of grasping a fold of integument between a pair

of forceps excising it, and closing the wound, but "whatever is worth doing, is worth doing well," and the extra time and care required to operate in this manner, is more than compensated for in the results.

THE INFLUENCE OF THE ELECTRIC LIGHT ON THE HUMAN EYE.--In discussing the value of any particular source of artificial light, says Professor Mauthner, three qualities should be especially regarded: 1, the steadiness of the light; 2, the strength of the light; 3, its composition. From its complete failure in point of steadiness, the arc-light must be at once rejected from the category of lights suitable for the human eye. The incandescent lamp, on the other hand, deserves a prominent position. As regards its strength or intensity, it also fulfils all requirements, since it can be modified or intensified at will. The composition of the lights habitually used hitherto has shown a preponderance of yellow rays. In the electric light, however, the short-wave rays predominate—*i.e.*, the violet rays. To the human retina, blue or violet tints are more agreeable than yellow, and hence from its composition, as well as from its steadiness and adaptability, the light of the incandescent lamp is especially adapted for the use of the human eye. Distinctness of vision and the perception of color are both increased under the electric light—facts which might be theoretically held to involve an overstrained retina. Such a theory is not, however, borne out by practical experience; it is only where the light employed is unsteady that any ill effects have been observed. It may be considered as an established axiom, that the brilliancy and composition of any light are as nothing, in respect of its value as an illuminating medium for ordinary uses, compared with its constancy and steadiness. In the incandescent lamp no combustion takes place, and hence no consumption or vitiation of atmosphereic air is induced. From a theoretic point of view, therefore, no objection can be raised against the use of the incandescent electric lamp. Its full value as an illuminator is, however, not yet ascertained.—*Wien. Allgem. Med. Zeit.*

REPORTS OF CASES.

A CASE IN WHICH THE AMPUTATION OF A DISEASED KNEE JOINT IS A CURE FOR EPILEPSY.

BY W. C. CARRELL, M. D., GREENFIELD, IOWA.

At the solicitation of some of my professional friends, I give below the chief points of an interesting case occurring in my practice. A full report of the case appears in the *Med. and Surg. Reporter*, January 6th, 1883.

In June 1882, I was called to see Clifton A., a young man of nineteen. I found him much reduced in flesh and suffering with severe pain in the right knee. He presented the destructive marks of struma. Upon examination, I determined his trouble to be arthritis of the joint. The soft tissues of the joint were hypertrophied and degenerative changes had already taken place without suppuration. Upon inquiring of my patient and his mother, who is an intelligent woman, I obtained the following history: About five years before, while at school, he was struck on the knee by a playmate with a branch cut from a thorn tree; one of the thorns probably penetrated the joint and from this, as near as I could ascertain, synovitis resulted and was followed by chronic inflammation of the tissues of the joint. It was at least a year after the injury that any enlargement of the bones of the joint was observed. At the time of my first examination, the bones forming the knee joint were greatly hypertrophied. I afterward learned that the hypertrophy was a spongy or fungoid growth of the epiphyses and articular surface of the upper end of the tibia, and the lower extremity of the femur; there was a complete ankylosis of the joint with the limit in a semi-flexed position. From his history, he was an epileptic, his first seizure dating back about four years, or to one year after he had received the injury to his knee. The "Aura Epileptica" was very feeble in this case and could not always be perceived, but when it was noticeable, it seemed to start from the diseased knee. After reviewing the case carefully, I came to the conclusion that possibly the diseased joint was producing a

peripheral irritation of its nerves and that this irritation was the cause of his epileptic seizures. From the fact that degenerative changes had already become established and were sure to continue, I was satisfied that an amputation was the only thing that could save the young man's life. The general condition of the patient at that time made an operation of such magnitude out of all question. Therefore I placed him upon a supportive treatment, using the co. syrup of hypophosphites freely. After many provoking but unavoidable delays, on the 1st of November, I visited my patient to make preparations for the operation, when I found him in about the following condition: Pulse, 100; temperature, 99½; general condition, not nearly so good as it was six weeks before. The soft tissues inside of the joint, almost all sloughed off; on the posterior surface of the lower third of the thigh, four or five sinuses opened, through which, by means of a probe, the peculiar grating sandstone touch of necrosed bone could be detected. His epilepsy had gradually increased until scarcely a day passed without a seizure, and he had often two or three. It was then a most unpromising case, but as he and his friends were anxious for an operation, and as I knew nothing else could avail, prognosticating an unfavorable result, I operated on Nov. 3d, assisted by Dr. Culverson of this city, and Dr. Kersey, of Stuart. I made the lateral flap operation and then found it necessary to amputate at the junction of the upper and the middle third of the femur, in order to get healthy tissues for the flaps.

The patient rallied shortly from the shock of the operation. There was no tendency to pyæmia although during the first week the suppuration was excessive. After this, the wound healed rapidly and nothing unusual occurred in the history of the case, and notwithstanding the strumous diathesis, and the debilitated condition of the patient, he made an easy and rapid recovery, somewhat to my own surprise, and contrary to the freely expressed opinions of many who saw or heard of the case, previous to, or after the operation. One of the most remarkable features of the case, however, is the fact that he has had no seizure since the

day of the operation, now nearly ten months. I am not sanguine, as to the complete cure of the latter trouble, for he has had frequent returns of some of the premonitory symptoms of epilepsy which have been easily counteracted. Although I did not feel sure that the operation proposed would relieve the tendency to epilepsy, I hoped it would, but gave no promise of such a result, when I operated to save the boy's life. The removal of the epilepsy by the operation is incidentally one of its gratifying results, and is especially interesting, in fact, I know of no parallel case. If we have epilepsy as a result of peripheral irritation of nerves from diseased bone or other causes that can be removed, should we not expect that with their removal, the epilepsy would cease, unless the "Status Epilepticus" is at that time fully established? In this case the epilepsy had continued four years and was well established, therefore I am not very confident of permanent relief from this distressing disease.

CASE OF ANEURISM OF THE CÆLIAC AXIS,
TREATED MEDICINALLY, WITH APPARENT
SUCCESS.

BY L. C. SWIFT, M. D., DES MOINES.

In March, 1883, I was called for the first time to see Mrs. M. B. D—, who had been under the care of one of my friends, then about to leave the city, and who, in answer to my inquiries as to the nature of this case, said it was hysteria, probably caused by indigestion, he thought, but that the cause was very obscure.

At my first visit, I found Mrs. D. to be an ordinarily well developed woman, of 47 years, suffering from a severe acute attack of duodenitis: this trouble required two or three days' treatment before it was checked, and during this time I gathered the following facts in her history, from her and her daughter, with whom she was living, and when I can, I use their descriptive expressions.

She had always enjoyed good health until her 40th year; she had borne and reared a good sized family, some members of which had died after reaching puberty, and older, from what she was told was

disease of the heart, which they inherited from their father, who died from it. Her knowledge was from the statements made by the physicians in charge of the cases. I found the daughter and son, with whom she was living, to have mitral regurgitancy.

When she was between 40 and 41 years old, in 1876-77, she had "a bad attack of lung disease on both sides." When she was 43, in 1879, she had another, "just like the first," which her doctor called pleuropneumonia; the following year she was free, but in her 45th year, 1881, she had "a light attack of lung disease like the others," that her doctor told her was "water on her chest." Since then she has been more or less sick, all of the time.

After her first sickness in 1876-77, she first noticed "a beating or throbbing in her stomach," but the doctors did nothing for it until her illness in 1881, when her doctor told her that this beating was caused by a swelling of the large artery in her stomach, and that it could never be cured. After this, she changed doctors a great many times, and "some said one thing, and others said another, but she kept getting worse and worse, until she just would not have any doctor at all, for none of them seemed to know what was the matter with her, and if they did, did not do her any good." She gave me as her prominent symptoms, that she was very nervous, and never used to be; she got tired very easily; was very short of breath by spells, often having to sit up in bed at night to catch her breath, even when she was feeling quite well for her; she had attacks of light headedness, that nothing in particular seemed to bring on, but they would come "all of a sudden;" she had spells of fainting, but never fainted away—just got weak, becoming unable to speak even in a loud whisper; her legs and feet would sometimes get very cold, and numb, and at others "seem to be burning up;" she would "lose her appetite completely, for, may be, a day, very suddenly, then it would return just as suddenly as it left;" she had never vomited, or been made sick at the stomach by anything she had eaten that she could remember, not even at the time of confinement. She never suffered from

headache, excepting sometimes before and sometimes after her "light headed or dizzy spells," at such times her head would often "beat inside, as if it would break her skull open." At these times she could hardly sleep at all, but generally she slept very well being disturbed only by the "want of breath" which would quite often awaken her, and she would have to sit up to get her breath, and would quite often go to sleep in that posture. This much of her history I got from conversation, other points I gleaned during my examinations. While examining her, I could not detect any impatience or excitement, she answered my questions quietly, clearly and concisely. The general appearance of the body was that of one in a well nourished condition, but she said she used to be very much more fleshy, having weighed 140 lbs; I should have judged that she weighed not over 115 lbs; the skin was dry and rather harsh feeling (she was most scrupulously neat.) On the posterior surface of the body, there was to the left of the median line, a smooth, rounded, oval shaped swelling, commencing at the line of the 11th dorsal vertebra, extending downward to a point on a line with the 2d lumbar vertebra, about half as wide as long. This disappeared when the recumbent, face downward, position was assumed, but re-appeared as soon as the sitting posture was resumed. It felt soft and yielding when pressed, and a pulsation could be felt at any point on the surface—it was inside of the ribs, apparently, but the tissues outside seemed to be thickened, the point of greatest prominence did not seem to be over $\frac{1}{4}$ of an inch, beyond the natural surface. The pulsations were very perceptible to the hand as it merely lay on the surface, a most superficial auscultatory examination revealed a very decided bruit, nearly synchronous with the *first* sound of the heart. The examination of the chest posteriorly, showed, the presence of old pleuritic adhesions and thickening, over almost the entire lower two-thirds of the chest cavities, and a well marked mitral regurgitant murmur: Anteriorly, percussion and auscultation showed old pleuritic thickening over the lower two-thirds of both lungs, the heart markedly

dilated, and but moderately hypertrophied, with mitral regurgitant and aortic stenotic murmurs, both loud. There was also a loud venous hum to be heard above the heart. The abdomen was quite flat, the muscles lax, the visceral outlines easily made out; in the median line, the recumbent posture being assumed, over a circular area about $1\frac{1}{2}$ inches in diameter, the centre of which was 1 inch to the right of the median line, and one-half inch above the line of the umbilicus, could be felt very distinct pulsations, which were synchronous with those of the posterior enlargement. These pulsations could be very distinctly felt over all the upper part of the abdomen. It was plainest while the patient was sitting and then the central point seemed to be lower, and when she lay partly turned over on the right side, it seemed to be further from the median line. Auscultation over this pulsating surface, revealed a loud bruit nearly synchronous with the first sound of the heart. The pulsations could be felt and the bruit heard plainly over an area of a circle eight inches in diameter, centering at the point mentioned above. Upon pressure, there could be easily mapped out an irregularly oval, pulsating tumor, directly underneath the point mentioned, between 4 and 5 inches long and 2 or 3 inches wide; with a stethoscope, the pulsations and bruit of this tumor were found to be just previous to those of the abdominal aorta, which could be felt distinctly. The patient said that she could "feel this ball beat" and that sometimes it would seem to be four times as large as it was then, and to beat ever so much harder, and that these attacks were always followed by the dizzy spells and headache, and that they would come on in ten minutes time, without warning. I never saw her during one of these "spells," but at my especial request, have been sent for at short notice, when they came on, but always arriving at the bedside during the dizziness or throbbing of the head.

Mrs. D. was under my care for over three months, beginning the first part of March, and ending about the middle of June. During March, I gave her various tonics, with digitalis or some other drug supposed

to hasten in causing hypertrophy, and put her for a week at a time, (for the purpose of helping in a diagnosis) on a diet, first of starchy foods, then fatty foods, then animal, and lastly on general nourishing diet. The changes in diet were made when her appetite failed for the variety being taken. Her digestion was equally as good for the various varieties as for the general regimen; her bowels moved regularly daily or every other day.

Early in April, she sent for me one morning, and I found her recovering from a chill, which had lasted for over an hour. It was followed by a very slight rise in the surface temperature, and was not preceded by any feeling indicating a febrile condition. This was repeated every morning for about ten days, the temperature not rising to above 101° F., at any time that it was observed and that was twice or three times daily. These symptoms were accompanied by others usually found in cases of malarial fevers, and all gave away readily to the use of quinine. During the course of this febrile trouble there seemed to be no changes in the symptoms complained of before its onset, and after its subsidence there were none that remained. After this necessary digression from my course of treatment, I resumed the plan I had originally laid out, and most scrupulously pursued it until the 1st of May. This plan had been the administration of the class of drugs mentioned above; the recumbent posture, and full nourishing diet. On May 1st, I began to administer, on the recommendation of Dr. G. P. Hanawalt, the fluid extract of *Cereus Bonplandi*, in ten minim doses every third hour. I had never used this remedy, and had never seen any writing upon it or its action. Dr. Hanawalt's statement that it seemed to restore the tone to a weakened heart's action, very often when other remedies failed to act in a favorable manner, induced me to make the experiment, and to trust to close observance for the detection of unfavorable results occurring. On the 22d of May, I found that there was such an apparent improvement, that I reduced the frequency of administration to three times daily. At this time, Mrs. D. had not been

disturbed for over a week by shortness of breath, the dizzy, fainting, or numb spells, but the tumor on her abdomen seemed but little changed. I last visited my patient on June 5th, but have since then had occasional reports from her daughter, and she has always had the most favorable to make. While I was watching the case closely, the improvement was very gradual but steady. The heart's action becoming regular and stronger, and the murmurs less distinct. The venous hum disappearing entirely; the pulsations of the abdominal tumor, when I last observed them, June 5th, had become much less perceptible; the posterior fullness was much less marked, and the bruit was not nearly as distinct; the pulsations seemed to be very little, if at all stronger than those of the aorta, and those had become quite strong and full; the abdominal tumor had diminished at least one-third in size, and had not "swelled up" since the first part of May and had become quite firm to the touch. At this time of writing, Mrs. D. is attending to her light household duties and does not complain of inconvenience from this amount of exertion.

I had the counsel of four other physicians besides Dr. Hanawalt, while treating this case, and we all gave a bad prognosis, and the apparently nearly complete recovery from what was diagnosed an aneurism of the abdominal aorta, has been the source of much interest as to the means that brought it about, and I would be very glad to receive any information gotten from experience on the action of the *Cereus Bonplandi* therapeutically.

MERCURY HYPODERMICALLY.—The latest method of giving mercury in the old country is hypodermically. It only requires to be given once a day in bad cases. But trouble is experienced by this method from sloughing around the wound. This is overcome by using the albuminate of mercury. A good formula also in use is the following:

R Binioidide of mercury, - - - -
 Iodide of potassium, - aa gr. xv
 Phosphate of soda, - - - ʒjss
 Water, - - - - - ʒ xij

M. Binioidide of mercury, $\frac{1}{8}$ grain.

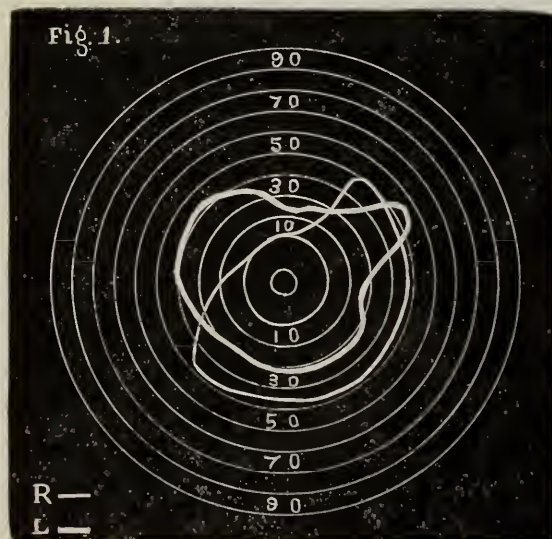
—*Detroit Lancet.*

COLOBOMA OF THE CHOROID— TWO CASES.

By F. E. CRUTTENDEN, M. D., DES MOINES.

During the last few months, I have had the good fortune to hold under my observation, two cases of mal-development or arrested development of the inner tunics of the eye. Each of these cases, which presented features of special interest, came to me with "weak eyes" for "glasses."

CASE 1. Miss A. S., aet. 20. Visited me in March last, since then, I have seen her a number of times. She was well developed and and in good health. Upon examination I found the lids, conjunctivia and cornea normal, the latter, possibly a little flat. The iris of each eye presented a V shaped opening that extended from the pupil directly downward to the ciliary border: these openings, which were nearly symmetrical, had their bases at the margin of the pupil. The action of the pupils, under the stimulation of light; and the accommodation, was very limited and at the upper pupillary margin, was scarcely noticeable. The sides of the V; dilated a little more. Vision, right eye, 20-40, left eye, 20-40 refraction hypermetropic; + 40 S. R. and L., raised the acuteness of vision to 20-20 for both eyes. The field of vision was very much contracted and irregular in its outlines. See Fig. 1.



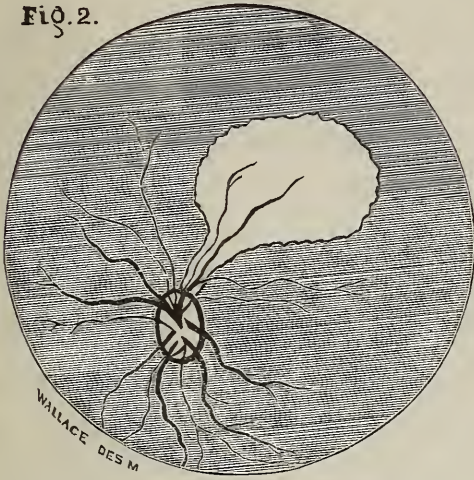
The ophthalmoscopic examination found the refracting media clear. The disc was a little small, otherwise, normal; the fundus, also, except the middle one-third that is to be specially described. Commencing in

each eye at a point about 20 degrees below the disc and extending almost symmetrically downward and over a surface between, and limited by, the radii that would enclose an angle of thirty or forty degrees, with the base at the ciliary border, was a part of the fundus, corresponding inversely with the V shaped opening in the iris, like a white patch with a sharp boundary line, deeply pigmented; there was a thin membrane over these white patches, slightly pigmented. In the right eye this membrane was carried transversely across the coloboma, about midway, in thicker folds which were met by prolongation of the retina from either side, which gave an A form to this coloboma. The floor of each coloboma was slightly myopic; over its field, an occasional blood vessel could be traced through the pearly white surface, with a large one at both the base and apex, winding diagonally across in tortuous curves. These colobomas extended through the ciliary processes and the ciliary muscle.

CASE 2. Miss E. S., aet. 18. Came to me first, in June last. She was very tall, dark complexion, general health fair, strumous diathesis. She has been considered a queer child of a queer family. She came to me first, in June last, complaining of frontal headache and a bad feeling in her eyes when she used them for fine work. The external appearance of the eyes was normal. Vision, right eye, 20-20; left eye, 20-200; marked ciliary spasm in each eye. Under a six gr. sol. of atropia, I found the right eye to be hypermetropic 1-48, subsequent examination, found nothing further abnormal in this eye. I gave her a + 60 spherical lens; this was as strong as she would accept. Under a solution of the same strength as that used in the other eye, I found in the left eye, myopic astigmatism of 1-11, which I subsequently corrected with a cylindrical glass, —11, axis, 180; this raised her vision to 20-40. Spherical glasses made no improvement. The final result of this combination of glasses was very good. The pain in the eyes and the frontal headache disappeared in a few days. While making the ophthalmoscopic examination of the left eye, I discovered a large oval space in the field

having a pearly white floor, which occupied a relative position in the field, upon direct examination, as shown in Fig. 2.

FIG. 2.



The margins of this coloboma were somewhat abrupt, serrated, and heavily pigmented. The floor was very myopic, requiring a — 6 to get a distinct image. By looking at Fig. 2, it will give an imperfect idea of a prolongation of the coloboma along the course of certain blood vessels, and leading quite up to the disc. The myopic increase seemed to begin from this point, and gradually increased, until the oval figure was reached when it increased quite rapidly; over the floor, a few large blood vessels could be seen, tortuous and broken, at points, entirely disappearing.

By reason of their rarity and their relations to embryology, colobomas are always interesting. These cases are specially so, on account of the intelligence of the patients, which has given greater accuracy to the examinations and tests, employed to obtain the above results.

These cases are more interesting as an illustration of the two kinds of colobomas, with, and without, a split in the iris. To go farther, to give my results, is not my object; this subject is too extensive, and at the best, is imperfectly understood. I would refer the reader to Knapp's *Archives Oph.* Dec. 1879, Græfe's *Archives, Oph.* 1878, (Vol. XXIV, Part 2), and *The New York Medical Abstract*, Vol. II, Number 4, where he will find a resume of our present knowledge on the coloboma of the choroid with some interesting illustrations.

ERGOT AS A PREVENTIVE OF THE AURAL TROUBLES OCCASIONED BY QUININE AND SALICYLATE OF SODA.—In three cases of acute articular rheumatism, Schilling has observed that the prolonged administration of salicylate of soda in doses of \mathfrak{D} vss- \mathfrak{z} ijss a day, causes permanent aural trouble. The membrana tympani was thickened and of a cloudy aspect. A fourth case, which in two successive days had taken single doses of grs. xxx of sulphate of quinine, became subject to roaring in the ears and deafness. This is not an unfrequent effect of quinine or the salicylates administered in large doses, and Schilling proposes to administer ergot with these drugs in order to prevent this vascular paralysis: for example he gives the following: Ergotine grs. xv, salicylate of soda \mathfrak{z} ijss, water \mathfrak{z} vj. S.—A large spoonful every hour. Of eighty-seven patients who have taken this prescription, three-fourths have had no aural symptoms, and the same was noticed in nine other patients who took quinine and ergotine in equal parts. This mixture will be equally preventive of the amblyopia which sometime follows large doses of quinine.—*Progres Med.*

HOT WATER IN EPISTAXIS.—M. Auquier (*Gaz. Hebd. de Montpellier*) mentions a case in which he was called to a man of twenty, who had been suffering for three hours from violent epistaxis. The patient had been subject to such attacks from infancy. M. Auquier tried in vain to stop the bleeding by means of cold water, plugging the nares, mustard plasters, &c. At last he irrigated the nose with very hot water, with instant success. During the next night and day the friends of the youth were able by this means to stop at the outset several fresh outbreaks.

NASAL CATARRH.—Cubeb is the remedy most relied on in the throat room, for constitutional impression in the ordinary form of the complaint. Fifteen or more drops of the oleo resin, on sugar, after meals; or a few grains of the recently prepared powder, with two or three grains of salicylate of cinchonidia, in pill or capsule, are the forms in which it is usually prescribed. Cleanliness, douche of spray, is essential in giving the parts a chance to get well, which they often will do by cleanliness alone, without any topical medication.—*Polyclinic.*

THE IOWA State Medical Reporter.

DES MOINES, SEPT., 1883.

EDITORIAL.

—We take the present opportunity, to express our thanks for the kind and cordial greetings, which many of the individual members of the profession have extended to us, and to assure them that we intend to continue as we began, faithful to the interests of the profession, and desirous to advance its interests, to bring its members into harmony and to allow them an opportunity for placing upon record, their individual experience, as Hippocrates at Cos sifted the votive tablets or the Æsculapian temples, so may the future gleaner utilize the facts, which the profession of Iowa is abundantly able to give.

We hope the profession of the State will help us to increase the size of our little monthly, prompt and liberal subscriptions will enable us to do this.

We hope that the profession will recognize the fact that we have no support from any medical school, or from any pharmaceutical house, but have attempted to furnish a means of intercommunication between the physicians of Iowa and adjacent States which should be free from domination of any party or commercial enterprise.

We feel that we should have the support of the profession at large. Any one at all familiar with such projects can see that there are no financial returns possible for

the managers. We ask then the co-operation of our brethren in the articles for publication and in subscriptions.

—With this issue the REPORTER makes its third appearance before the profession of Iowa. Three months ago we launched our little bark loaded, with good resolutions, determinations and hope, for a prosperous voyage. We doubt not, that by this time, many of our readers, who are watching our work, would be interested to know something of our progress.

Proverbially, an editor's life is not an easy one. We have our difficulties, and our vexations; we make our mistakes, and leave our errors uncorrected in our columns; all these, we expect as a natural sequence, and we hope to improve them. Our relations with the profession of the State have been quite promising and very pleasant, although not as general as we could wish. Our relations and reception abroad have been very flattering. On the whole, we feel that we are making a success and some progress.

—Before our next issue the medical colleges of the State will have opened. We hope to receive programmes of the opening ceremonies of each, in time to make our next number interesting to the students of these schools, and to follow it in November, with extracts from the opening addresses.

—The editors desire to receive information in regard to the care of the insane poor, in the different part of the State.

At the forthcoming session of the Legislature, appropriations will be asked for

the purpose of securing better care not only for the insane in general, but especially of those of the chronic class, so that these may no longer be sent to the poor houses for feeding and sleeping. The necessity for some plan of relief is evident, and the REPORTER desires to present the opinion of the profession upon the subject. Letters may be addressed to Dr. C. M. Hobby, Iowa City, Iowa.

CORRESPONDENCE.

My Dear Doctor:—Returning to town after an absence of several weeks, I found the August Number of the REPORTER. For the courtesy of sending it accept my thanks.

Looking over its contents I noted, *much* to my *satisfaction*, your leading editorial. Permit me to say that I sincerely appreciate your vigorous handling of the latest addition to the horde of vampires that feast and fatten on the misfortunes of the hapless opium habitue. And it is a pleasure to know there is, at least, one medical editor who has the "courage of his convictions," and makes himself heard in no uncertain tones regarding this shameless specimen of arrant quackery—for such it surely is.

Your statements are quite correct. H. H. Kane has fallen from professional grace and is no longer an honorable member of an honored fraternity, but *confessedly* a notorious *charlatan*. He is now, and has been for some time, in the employ of a secret medicine concern, known as the "Marston Medicine Company," located at 46 W 14th St., New York, formerly at 198 Fulton street, whose advertisement appears in various non-professional journals. His so-called treatment is a *secret* affair, and his statement "Endorsed by the most eminent men in the profession" is *false*, and a *fraud*, a delusion and a snare; another theft of Heaven's livery in which to serve the devil.

His circular, "The Living Death," is about as egregious an example of charlatanish effrontery and falsehood as was ever thrust on an unsuspecting public. Lastly,

it is asserted by those who claim to know, that he himself is an *habitué*! If proof of these statements be desired, command me.

And is it not astonishing—quite inexplicable—that this disreputable individual, has managed to secure insertion of his card in some reputable medical journals? Surely, it must have been admitted without a proper knowledge of facts in the case, for I cannot think any editor, having respect for himself, his profession, or his journal would knowingly, insert it. And I feel quite confident that when the "true inwardness" of the affair is revealed, he will be relegated to the domain where he properly belongs—the kingdom of quacks—of which you term him—"the prince."

But is it not cause for regret, that some over-confiding habitues have been beguiled by the specious promises of this pretender? Only a few days since, a gentlemen left my care recovered, who had been inveigled into the purchase of a large supply of this asserted "combination," only to find his exchequer depleted to no purpose, and his "stock in trade," to the extent of several bottles, handed over to me. Still more recently, I have learned of a Southern medical gentleman ensnared after the same fashion, and whose ducats and desire will, it is quite probable, be disposed of in like manner.

It is to be hoped your laudable example in laying before your readers an expose of this affair may be followed by all your colleagues of the professional press, so that the damage done to *honorable, legitimate* medicines, and the injustice to those who are making an *honest* effort to do *good* to a worthy but exceptional class of unfortunates, may be so far as possible, retrieved.

MEDICUS.

TREATMENT OF GONORRHOEAL EPIDIDYMITIS.—Dr. Henderson reports the successful use of salicylate of sodium in three cases of this affection. In conclusion he says: "In further trials of this plan of treatment, I would advise that only acute cases be selected, the evidence of that condition being a distinct rise of temperature as evidenced by the thermometer. The dose of the salt should not be less than 20 grains, and should be repeated hourly until at least three doses are taken; afterward the same dose may be continued at longer intervals."—*Lancet*.

SOCIAL NOTES.

C. J. ERICSON returned from his Eastern trip last week.

DR. J. R. DOSH, of Stuart, has been recruiting at Colfax.

DR. P. S. MOSER, of Boonsboro, is the happy father of a girl.

THE wife of Dr. S. Cummings, of Sand Spring is visiting in Vermont.

DR. W. L. LEONARD, of Winterset, is out again after his dangerous illness.

MRS. DR. GEORGE MCGAVREN, of Missouri Valley, returned from a visit in Kansas.

DR. WM. DONNELLY, has formed a partnership with Dr. N. S. Craig, of Manchester.

DR. HOSTETTER and family, of Guthrie Centre, are home again from a visit in Omaha.

DR. L. P. CORNELL, of Pleasantville, has sold out, and will move to Southwestern Missouri.

DR. E. MALDEN SMITH, of Marion, is very ill. He has been confined to his bed for some time.

MRS. CROUSE, the wife of Dr. D. W. Crouse, of Waterloo, has returned home from Dakota.

DR. G. P. CARPENTER, of Cedar Rapids, rejoices over the new boy that has come to live with him.

MRS. KULP, the wife of Dr. J. K. Kulp, of Davenport, has returned from a visit of several weeks in the East.

A LITTLE child of Dr. Manker, of Bedford, is suffering from a severe burn received by falling against the stove.

"DR. PRIZER, of Brighton, Iowa, was robbed of \$20.60 in cash and notes, a few days ago, at Fairfield, Iowa."

DR. AND MRS. BRYANT, of Independence, have gone to Ohio, Massachusetts, and other eastern points to spend a few weeks.

DR. A. C. SHERWOOD, of Marshalltown, has returned from Denver and the mountains, where he has been rusticated.

DR. B. H. REYNOLDS, of Manchester, and others, departed a few days ago, for a tour to Louisiana and other Southern States.

DR. H. L. GETZ and family, of Marshalltown, returned from Clear Lake.

WE are glad to hear that Dr. C. C. Bradley, of Manchester, has so far recovered from his recent illness, as to be able to be about again.

A LITTLE son of Dr. J. W. Philpot, of Danville, was knocked down by a horse, a few days ago. The lad's jaw was broken and he was otherwise badly injured.

WE regret very much to learn that Doctor Chas. H. Northop, of Lyons, who has been quite feeble for some time is not improving, and his attendants think that the tendency to erysipelas is daily increasing.

DR. JOHN RISTINE, of Cedar Rapids, has returned from his two months' tour in Europe. England, France, Germany, and Switzerland were visited. The Doctor was so well pleased that he promised himself another trip for next year.

DR. B. A. GUYTON, JR., and Miss Lida A. Patterson, of Sioux City, were married at 6 A. M., September 2nd, by the Rev. Wm. Richmond. The wedding was a quiet affair, only the relatives and near friends being present. The Doctor and Mrs. Guyton took the morning train for St. Paul, and other northern points returning home in four weeks.

WE have received a number of reprints on "Opium Addiction," by J. B. Mattison, M. D., of Brooklyn, N. Y., which were originally published in the *Medical Record*, *Medical Gazette*, *Quarterly Journal of Inebriety*, and the *St. Louis Courier of Medicine*. These little monographs contain much valuable information on the opium habit. So well and favorably were they received, when first published, that we can add no more.

SALICYLATE OF BISMUTH.

This salt has been highly recommended by Prof. Henri Desplats, of Lille, for destroying the life of bacilli of typhoid fever in the beginning stage of the disease, as long as they are supposed to be localized in the intestine. Of all remedies known to be poisonous to bacteria, salicylic acid is no doubt the most suitable, since a large quantity of it can be

given without direct injury to the system. But to reach the affected portions of the intestinal canal, it must be given in a shape in which it will not be rapidly dissolved and assimilated in the stomach, and of all salicylic compound, the bismuth salt has been found to be the best.

We are not aware that this salt has ever been studied or described: but we have prepared it ourselves, and will briefly state our experience.

It is impracticable to attempt to saturate salicylic acid either in aqueous or in alcoholic solution with subcarbonate of bismuth, either in the cold or at a boiling temperature, since the salicylate of bismuth is almost insoluble in either liquid, and there would be no possibility of separating the salt from the undecomposed subcarbonate. The best way is to prepare a solution of the subnitrate by means of nitric acid and water, and to decompose it by a solution of salicylate of sodium. Since the acid solution of nitrate of bismuth cannot be much diluted with water, without precipitating some subnitrate, it is best to pour the nitrate solution into the sodium salt dissolved in much water. The following working process will furnish a good product:

| | | |
|------------------------|-----|------------------------|
| Subnitrate of bismuth, | - | 4 parts. |
| Salicylate of sodium, | - - | 7 " |
| Nitric acid, | | |
| Water, each, | | a sufficient quantity. |

Mix the subnitrate of bismuth, in a flask, with twenty-five parts of water, and gradually add nitric acid, constantly stirring, until the subnitrate is dissolved, avoiding an excess as much as possible. Dissolve the salicylate of sodium in two hundred and fifty parts of water. Then while stirring the latter, pour the solution of nitrate of bismuth gradually into it. Collect the precipitate on a filter, wash it thoroughly, and dry it. Average yield: 3.75 parts or about 94 per cent of the subnitrate

The salicylate of bismuth is soluble in acids. Since the solution of nitrate of bismuth is acid, the whole of the bismuth is not precipitated, a portion passing into the wash water which should, of course, be recovered. The quantity of salicylate of sodium is slightly in excess of the required

quantity, but this is necessary to prevent the simultaneous precipitation of subnitrate.—*New Remedies.*

MINOR INJURIES OF THE SPINAL CORD.

[A paper read before the Massachusetts Medical Society, by Dr. B. H. Hartwell.]

The writer spoke of the importance of paying close attention to all the symptoms in these minor injuries, not only from a pathological, but also from a medico-legal point of view. Often at first, when there was no sign of injury and the symptoms did not come on early, the patients were looked upon as malingerers, and treated as such. The objective and subjective symptoms should be carefully classified, and it should be remembered that they were often simulated. The statement of Hammond, that no verdict should be given unless the objective symptoms were present, was commented upon.

Nine cases of minor injury to the spinal cord were reported, in which the patients had been under observation for a long time. Of this number, three recovered, three were a long time under treatment and got no better, one got worse, one got better but not well, and one improved at first and then had a relapse. Though the symptoms were often late in coming on, the prognosis was generally favorable as to improvement, if not as to complete recovery.

The treatment consisted in relief from care, rest, and any position that was easy, the horizontal position often aggravating the symptoms. The medicinal treatment was ergot and belladonna, the latter being specially indicated if there was any vesical complication. The ergot was given in large doses, as was also the belladonna, the latter giving great relief when there was no pain. Digitalis was recommended, but strychnine was contra-indicated at the start.

Warm sponges to the spine, counter-irritation, and dry cupping were also recommended.—*New England Medical Monthly.*

THE *Atlantic Journal of Medicine* is a new monthly journal recently started in Richmond, Va., and edited by Drs. Robert B. Stover and Henry G. Houston.

NEW TEST FOR DETECTING ALBUMEN IN URINE.

BY ARTHUR R. HASLAM.

While recently engaged in some experiments, I had occasion to add a solution of chloride of iron to diluted solution of albumen into which, some time previously, a small quantity of chloride of sodium had been thrown. The result was the formation of a dense opaque white precipitate. This precipitate, when well washed and dried, still contained iron, from which circumstance I should suppose it to be a compound of albumen and iron.

I have experimented on this reaction as a test for albumen, especially for that form which it assumes in urine, and it appears certain in its results, and has some advantages in its favor over the old nitric acid test, being much more delicate.

After a series of experiments, I have adopted the following method for using the test: A portion of the urine supposed to contain albumen is poured into a test-tube, and a few drops of the solution of chloride of sodium added and well mixed; then a solution of chloride of iron is carefully poured down the tube, forming a layer. If the appearance of a whitish cone be noticed, albumen is present. If phosphates are present in the urine, care must be taken to add (before using the test) sufficient acetic acid to make the urine acid.—*Chem. News.*

TREATMENT OF INFANTILE GASTRO-ENTERITIS.

From observations made in the Children's Hospital, at Pesth, Dr. Epstein concludes (*Prayer Medic Wochens*), that a liquid diet, poor in fatty matters, is the basis of treatment of gastro-enteritis in young infants. He recommends particularly an albumous lemonade, obtained by beating up the white of an egg with a pint of water, previously boiled, the resulting mixture being then carefully filtered. At the Pesth hospital this is prepared fresh three times daily, and is kept in a bottle well corked and placed on ice. In a word, all precautions are taken to prevent the introduction of micro-organisms into the systems. Nursing from the breast should be completely stopped for the first

few days. Every three hours two ounces of milk at a lukewarm temperature may be given to the child, either with the bottle or by spoonful. The child should not be put back to the breast until the loss of flesh, which is considerable at first, commences to diminish. Again, when at the commencement there is violent vomiting and rejection of yellowish curds, Epstein washes out the stomach daily, for eight to fifteen days, by means of the œsophageal tube. As regards direct remedial measures employs the following potion:

| | | |
|---|--------------------------|----------|
| R | Sodæ et magnes. benzoat, | ℥ iv, |
| | Sp. vini gall, | ℥ ss, |
| | Aqua, | ℥ vj. M. |

Sig.—Teaspoonful every two hours.

THE cholera epidemic in Egypt seems to be at an end. During its whole course—that is, in about three months—it has destroyed nearly 30,000 lives.—*Record.*

TREATMENT OF LICHEN RUBER BY UNNA'S OINTMENT.—Dr. Bockhart reports the cure of a case of lichen ruber in three weeks by the use of Unna's ointment. This is composed of one part corrosive sublimate, twenty parts carbolic acid, and five hundred parts diachylon ointment.—*Centralbl. für Chirurgie*, August 11, 1883.

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THE IOWA STATE MEDICAL REPORTER.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. I.

DES MOINES, IOWA, OCTOBER, 1883.

No. 4.

ORIGINAL ARTICLES.

DEATH FROM SYNCOPE TWENTY HOURS AFTER DELIVERY.

BY D. S. FAIRCHILD, M. D., AMES, IOWA.

I was called March 22, 1883, at 7 A. M., to attend Mrs. B— in labor with her first child. She was a young woman of about twenty years of age, somewhat below the medium height, of full habit but perfectly developed, and apparently in the enjoyment of excellent health. At the time of my arrival the pains had reached a considerable degree of severity, the os was found completely dilated, and everything apparently in the most promising condition for a speedy and favorable delivery. As the head had begun to descend, and as the contractions were decidedly expulsive,—there being apparently nothing to contra-indicate it,—at her urgent request I administered chloroform, according to my custom during the pains only,—without, however, bringing her fully under its anesthetic effects. Very soon it was discovered that the pains became less severe and less expulsive in character. The efforts of the uterus became altogether unsatisfactory. After a little more than an hour's trial, the chloroform was withdrawn and a dr. of liq. ergot administered. Slowly the uterus regained its tone, and in about an hour the contractions became strong, but as the head was unusually large and firm, it advanced slowly. After bearing the pains about two hours more she insisted upon another trial of the chloroform; it was administered somewhat sparingly during the pains and she gradu-

ally came under its influence. The contractions again became less energetic, and finally quite unavailing. Another dr. of ergot was administered and the anesthetic slowly withdrawn. At 1:30 P. M., although there were no untoward symptoms nor any special occasion for haste, I applied the straight forceps and slowly dislodged the head and brought in down strongly against the perineum, but lest I should do that structure some injury I removed the forceps and allowed the remainder of labor to be completed by nature herself. I was especially solicitous in regard to the perineum, as the head was very large and unyielding and the tissues, while not particularly rigid, conveyed to the touch the sensation that they might be easily torn by reason of the large amount of fat they contained. The contractions of the uterus were strong and rapid and labor was completed in about 30 minutes without accident or injury to the soft parts. At the time the forceps were applied chloroform was again administered cautiously, and when the head was passing over the perineum more freely, but never to insensibility. When the child was born the chloroform was immediately withdrawn. In about 20 minutes the placenta was expelled. I immediately placed my hand, according to my custom, over the fundus of the uterus and continued moderate pressure for half an hour, during this time the organ remained firmly contracted. She was perfectly conscious and received the congratulations of her immediate friends and professed to feel quite comfortable and strong. A bandage was now applied and I retired to an adjoining room, washed and returned

immediately to the bedside of my patient. The uterus still remained well contracted. Half an hour later she complained of great faintness and became very pale. I immediately examined the uterus and found it well contracted; there were some clots in the vagina and a little blood in the bed. A tablespoonful of brandy was administered and directly the faintness passed away, in less than five minutes it returned and was again relieved by brandy and ammonia. The relief was immediately followed by another attack. I now examined the heart and found it beating 120 per minute and the first sound very indistinct. The faintness became almost continuous, bearing all the characters of that from great loss of blood; face and lips blanched, restless, great distress, pupils dilated, but consciousness remained perfect. The uterus was well contracted, repeated vaginal examination showed only some oozing of blood, no extravasation or rupture of any structure. That every drop of blood might be saved a hot water injection was employed, the syringe carried to the fundus; pressure by means of the hand was continued upon the uterus. All oozing of blood now stopped, but the faintness and restlessness continued; 1-6 gr. morphia was administered and in an hour the dose was repeated. At 7:30 P. M. the condition was considerably improved, but the circulation continued rapid and the first sound of the heart was unrecognizable. No cardiac murmur could be detected. The faintness and restlessness and dyspnea occurred at longer intervals and was less severe. At 8:30 I left the patient for an hour and a half; returning at 10, I found that the attacks had soon become more frequent and severe, the surface had become quite cold, pulse 130, heart sounds hardly distinguishable; she was indeed, in a state of collapse, although consciousness remained unimpaired. External heat was diligently employed, hypodermic injections of brandy were frequently repeated, but all to no purpose, the circulation became more and more feeble until death occurred at 9 A. M.; consciousness preserved until almost the last.

No post mortem examination was made,

and hence the exact pathological lesion can only be conjectured.

The patient was apparently in the best possible condition when labor commenced and presented no untoward symptoms during the entire process, save possibly the occasional occurrence of faintness, which, however, did not attract attention at the time. Chloroform was given three times, but never to the extent of producing complete unconsciousness; twice it was suspended because of the partial arrest of the pains which, however, was apparently counteracted by the administration of ergot.

The threatened syncope did not appear until more than an hour after labor was completed. Hemorrhage was at first suspected but an immediate examination showed the uterus well contracted and that there was no excessive amount of blood in the bed. The heart was not examined until after the third attack of syncope occurred, when it was found beating with great rapidity and the two sounds could not be well distinguished. It is proper to state that the pulse was examined from time to time while the patient was taking chloroform but nothing unusual was discovered until the appearance of the fatal symptoms. Stimulants were freely administered but without effect, the only benefit was derived from morphia.

That the lesion was in the vascular system there could be no doubt, but in the absence of post mortem confirmation, any theory attempting to account for death would necessarily be surrounded with uncertainty.

Numerous cases of fatal syncope coming on after labor have been recorded where post mortem inspection revealed no cause for death.

Dr. Mary P. Jacobi reported to the New York Pathological Society, May 23, 1877, a case where death from syncope occurred five hours after labor, the patient remaining conscious to the last. Post mortem examination revealed no cause for death. (*N. Y. Med. Record*, Vol. 12, p. 476.)

Dr. Francis Delafield reported to the New York Pathological Society, March 24, 1875, a case of a patient who died two hours after

confinement. For half an hour she appeared perfectly well. An autopsy revealed all the organs healthy.

The influence of fatty change in the heart, particularly fatty degeneration in producing unexpected death, is well illustrated in a case reported by Dr. Austin Flint to the New York Pathological Society, Sept. 12, 1877, and is too well known to need comment.

While the age of my patient would be against the theory of fatty degeneration, the general accumulation of fat, the feeble capillary circulation and occasional palpitation would afford some evidence of such change.

Various authors have called attention to ruptures of the walls of the ventricles when any unusual strain is placed upon the heart, or even occurring in states of rest, especially when fatty degeneration exists. Death sometimes occurs suddenly and sometimes only after several hours or days.

Dr. Van Guisen reported to the New York Pathological Society, Dec. 8, 1875, a case of rupture of the heart from fatty degeneration, where the symptoms appeared Nov. 19th and death occurred Nov. 27th. It is at least possible to suppose in the case reported, that during the last pains a slight rent may have occurred in the walls of the heart which gradually became larger until death took place 18 hours later.

THE ONE HUNDREDTH ANNIVERSARY OF THE MEDICAL SCHOOL OF HARVARD.—On Oct. 17, 1883, the Medical School of Harvard celebrated its one hundredth anniversary, and dedicated its new building. President Eliot opened the exercises with an address, in which he gave the history of the school. Prof. Oliver Wendell Holmes delivered the oration, in which he reviewed the advances of the medical profession from the time of the schools' foundation to the end of the first century of its history, giving vivid pen sketches of the men, with their times, who contributed largely to the advancement and discoveries in medical science. This was followed by addresses, and the formal dedication of the new building, on the corner of Boylston and Exeter Streets, Boston.

MEDICAL EDUCATION.

During the last three years, the periodical literature devoted to medicine and surgery, has contained editorials, original communications, correspondence, reports of local, state and national societies, and announcements of old, or newly organized medical colleges, all of which continually place before the eyes of the profession, an ideal—"higher medical education,"—supposed to be in the above, and in the beyond, when compared with the advantages and acquirements of the present generation of physicians, educated in the past and present. This deplorable status, of medical education, made so by the demand for something "higher," is alarming, when one thinks of the thousands of newly educated physicians who are turned out annually. But when it is considered, that our colleges are rapidly multiplying, and it is remembered that the several corps of professors are the alarmists, it is easy to congratulate ourselves, that the near future will probably see the standard of the medical profession elevated by this "higher medical education." And, why not? Can we question the ability to impart this needed information? No! Therefore, it is evident that they have already acquired this coveted status. It is to be earnestly hoped that every hamlet, as well as every town and city, will have its medical college with its corps of professors.

This will give positive assurance of one mode of advancement toward our ideal, by increasing the percentage of the professors. This would seem to be the most feasible plan, were it not for the fact that the cities are leaving their town and country cousins out in the cold by means of their post-graduate courses, polyclinics, and special courses for graduates, intended to give to the said cousins the necessary instruction for their respective Professorships. This last difficulty is a puzzler to

the Idealist of a uniform standard of a "Higher medical education."

What's in a name! To speak seriously of this subject, it is impossible to establish a uniform standard of requirements, of the candidate for graduation and for the degree of M. D., unless the present system of competition between medical colleges, be controled by a rigid enforcement of proper statutory laws, or by a general movement in the right direction, of the American Medical Association, and of the several State societies. During the last few weeks our scores of medical colleges have made their annual opening. All of the older, and many of the younger schools, are meeting with remarkable success, which we are able to say with great satisfaction, is not wholly a financial one, but it is due largely to the excellent corps of teachers, and special advantages, for experimental and clinical study.

From our exchanges and from other sources, we give below, a synopsis of some of the work, at one of the larger medical centers.

NEW YORK.

The colleges have opened here with long matriculation-lists. The University of New York has probably outstripped the other schools, some say on account of easy examinations, but, as an outsider, it would seem to me to be from improved accommodations and the increasing prominence and personal popularity of Dr. A. H. Loomis.

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John G. Curtis, M. D., (Secretary,) Physiology and Hygiene.
Thomas Masters Markoe, M. D., Principles of Surgery.
William Detmold, M. D., Clinical and Military Surgery (Emeritus.)
Theodore Gaillard Thomas, M. D., Clinical Gynecology.

John Thomas Metcalfe, M. D., Clinical Medicine (Emeritus.)

Henry Berton Sands, M. D., Practice of Surgery.

James Woods McLane, M. D., Obstetrics, Gynecology and Diseases of Children.

Thomas Taunton Sabine, M. D., Anatomy.

Charles Frederick Chandler, Ph. D., Chemistry and Medical Jurisprudence.

Edward Curtis, M. D., Materia Medica and Therapeutics.

Francis Delafield, M. D., Pathology and Practical Medicine.

William Henry Draper, M. D., Clinical Medicine.

CLINICAL PROFESSORS.

Cornelius Rea Agnew, M. D., Diseases of the Eye and Ear.

Abraham Jacobi, M. D., Diseases of Children.

Fessenden Nott Otis, M. D., Venereal Diseases.

Edward Constant Seguin, M. D., Diseases of the Mind and Nervous System.

George Morewood Lefferts, M. D., Laryngoscopy and Diseases of the Throat.

William Tillinghast Bull, M. D., Demonstrator of Anatomy.

George Henry Fox, M. D., Diseases of the Skin.

Theophile Mitchell Prudden, M. D., Director of the Physiological and Pathological Laboratory of the Alumni Association.

Robert Fulton Weir, M. D., Surgery.

William Stewart Halsted, M. D., First Assistant Demonstrator of Anatomy.

Francis Hartman Markoe, M. D., Second Assistant Demonstrator of Anatomy.

George Montgomery Tuttle, M. D., Assistant to the Chair of Obstetrics.

The yearly course consists of but one session, of seven months' duration. The seventy-sixth course began on Monday, Oct. 1, 1883, and lasts until about the 1st of May, 1884.

Teaching by recitation forms a prominent feature of the course, the classes being conducted daily.

Requirements for Graduation.—In the usual statement requiring two full courses, it is specified that the two must not have begun during the same calendar year. Three courses are recommended,—the first including physics and chemistry, anatomy, and physiology; the second, all the branches taught; the third, materia medica and therapeutics, pathology and practical medicine, surgery, obstetrics, and gynecology.

The examinations are in writing, the personality of the candidate not being known when the decision is given upon his papers.

BELLEVUE HOSPITAL MEDICAL COLLEGE.

During the year the Faculty of this college have met with a serious loss in the death of Prof. Van Buren, who held the

chair of surgery. In the spring Dr. Joseph W. Howe resigned his position as clinical professor of surgery.

FACULTY.

Isaac E. Taylor, M. D., (President,) Obstetrics and Diseases of Women and Children, (Emeritus.)
 Fordyce Barker, M. D., LL. D., Clinical Midwifery and Diseases of Women.
 Benjamin W. McCready, M. D., Materia Medica and Therapeutics (Emeritus.)
 Austin Flint, M. D., LL. D., Principles and Practice of Medicine and Clinical Medicine.
 Frederic S. Dennis, M. D., Principles and Practice of Surgery and Clinical Surgery.
 Lewis A. Sayre, M. D., Orthopædic Surgery and Clinical Surgery.
 Alexander B. Mott, M. D., Clinical and Operative Surgery.
 William T. Lusk, M. D., Obstetrics and Diseases of Women and Children and Clinical Midwifery.
 A. A. Smith, M. D., Materia Medica and Therapeutics and Clinical Medicine.
 Austin Flint, Jr., M. D. (Secretary,) Physiology and Physiological Anatomy.
 Joseph D. Bryant, M. D., Anatomy and Clinical Surgery and (Associate) Orthopædic Surgery.
 R. Ogden Doremus, M. D., LL. D., Chemistry and Toxicology.
 Edward G. Janeway, M. D. Diseases of the Nervous System and Clinical Medicine and (Associate) Principles and Practice of Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS.

Henry D. Noyes, M. D., Ophthalmology and Otology.
 Edward L. Keyes, M. D., Cutaneous and Genito-Urinary Diseases.
 John P. Gray, M. D., LL. D., Psychological Medicine and Medical Jurisprudence.
 William H. Welch, M. D., Pathological Anatomy and General Pathology, and Demonstrator of Anatomy.
 J. Lewis Smith, M. D., Clinical Professor of Diseases of Children.
 Charles A. Doremus, M. D., Ph. D., Professor Adjunct to the Chair of Chemistry and Toxicology.
 Beverly Robinson, M. D., Clinical Professor of Medicine.
 Francke H. Bosworth, M. D., Diseases of the Throat.

FACULTY FOR THE SPRING SESSION.

Frederick A. Castle, M. D., Pharmacology.
 William H. Welch, M. D., Pathological Histology.
 T. Herring Burchard, M. D., Surgical Emergencies.
 Charles S. Bull, M. D. Ophthalmology and Otology.
 Leroy Milton Yale, M. D., Diseases of the Joints.

The twenty-third regular session began on Wednesday, September 19, 1883, and will extend to the latter part of March, 1884. At its close, the spring session begins, and lasts until about the middle of June.

Weekly examinations are held by the Faculty. These examinations are for the graduating class only, but all the students are allowed to be present.

For graduation, candidates must be twenty-one years of age; must have stud-

ied three years, after the age of eighteen, with a regular physician or regular physicians in good standing, inclusive of the time spent in attending medical lectures; must have attended two full courses of lectures, the last being in this college; must present certificates of at least one course of dissections at this or some other accredited college empowered to confer the degree of M. D.; must have proper testimonials of character, and must pass a satisfactory examination in each of the seven departments of instruction. Two full courses of lectures are absolutely required, and no period of practice is taken as an equivalent for one course.

Spring Session of Recitations and Lectures.—The recitations are under the direction of Dr. H. Goldthwaite and Professors Dennis, Welch, and C. A. Doremus.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF THE CITY OF NEW YORK.

Since the opening of the last annual session, Prof. J. W. S. Arnold has retired from the actual duties of the chair of physiology and histology, but retains a connection with the Faculty as professor emeritus of those branches. Professor Stimson succeeds Professor Arnold, and Dr. S. O. Van der Poel has been added to the Faculty as professor of public hygiene. A considerable addition has been made to the building, rendering it now, the Faculty state, the largest of its kind in the country. A dispensary has been added.

FACULTY.

Alfred C. Post, M. D., LL. D. (President,) Clinical Surgery (Emeritus.)
 Charles Inslee Pardee, M. D., (Dean) Otology.
 J. W. S. Arnold, M. D., Physiology and Histology (Emeritus.)
 John C. Draper, M. D., LL. D., Chemistry.
 Alfred L. Loomis, M. D., Pathology and Practice of Medicine.
 William Darling, M. D., LL. D., F. R. C. S., General and Descriptive Anatomy.
 William H. Thompson, M. D., Materia Medica and Therapeutics, and Diseases of the Nervous System.
 J. Williston Wright, M. D., Surgery.
 William M. Polk, M. D., Obstetrics and Diseases of Women and Children.
 S. Oakley Van der Poel, M. D., LL. D., Public Hygiene.
 Lewis A. Stimson, M. D., Physiology and Histology, Clinical Lecturer on Surgery.
 Stephen Smith, M. D., Clinical Surgery.
 A. E. Macdonald, LL. B., M. D., Medical Jurisprudence and Diseases of the Mind.

Herman Knapp, M. D., Ophthalmology.

Faneuil D. Weisse, M. D., Practical and Surgical Anatomy.

R. A. Witthaus, M. D., Physiological Chemistry.

Ambrose L. Ranney, M. D., Curator of Museum.

Joseph E. Winters, M. D., Demonstrator of Anatomy.

ADJUNCT LECTURERS.

F. R. S. Drake, M. D., Practice of Medicine.

N. M. Shaffer, M. D., Orthopædic Surgery.

Joseph E. Winters, M. D., Diseases of Children.

William C. Jarvis, M. D., Laryngology.

Laurence Johnson, M. D., Medical Botany.

P. A. Morrow, M. D., Dermatology.

The preliminary term began on Wednesday, September 19, 1883, and extends to the beginning of the regular winter course, October 3. The spring session begins at the close of the winter course, in the middle of March, 1884, and continues for ten weeks. Only the winter course is obligatory.

Bedside and Laboratory Instructions.—

The graduating class is divided into sections of about twenty-five each, which receive separate instruction for one or two hours daily throughout the term.

The requirements for graduation are practically the same as at the other large colleges.

WOMAN'S MEDICAL COLLEGE OF THE NEW YORK INFIRMARY.

FACULTY AND INSTRUCTORS.

Elizabeth Blackwell, M. D., Hygiene (Emeritus.)

James R. Leaming, M. D., Principles and Practice of Medicine (Emeritus.)

Emily Blackwell, M. D., Obstetrics and Gynæcology.

Gerardus H. Wynkoop, M. D., Surgery.

Mary Putnam Jacobi, M.D., Materia Medica and Therapeutics.

Edward H. Janes, M. D., Hygiene.

Mary Wattles Faunce, M. D., Anatomy.

A. R. Robinson, M. D., Histology.

C. L. Dana, M. D., Physiology.

Henry N. Heineman, M. D., Principles and Practice of Medicine.

T. M. Cheeseman, Jr., M. D., Demonstrator.

S. M. Roberts, M. D., (Clinical,) Diseases of Children.

D. M. Stimson, M. D., (Clinical,) Surgery.

E. B. Bronson, M. D., (Clinical,) Diseases of the Skin.

A. B. Judson, M. D., Lecturer on Orthopædic Surgery.

Elizabeth M. Cushier, M. D., Lecturer Adjunct on Obstetrics.

R. W. Amidon, M. D., Lecturer Adjunct on Therapeutics.

W. R. Birdsall, M. D., Lecturer on Nervous Diseases.

Josephine Chevalier, Lecturer on Chemistry and Laboratory Instructor.

Sarah J. McNutt, M. D., Instructor in Surgery.

Mary T. Bissell, M. D., Instructor in Physiology.

Josephine Walters, M. D., Instructor in Practice.

Grace Peckham, M. D., Instructor in Obstetrics.

The college year consists of a session of eight months, beginning on the 1st of October and ending with the last day in May.

A preliminary examination is required of applicants who do not show a certificate from a literary institution. Students must attend three entire sessions, graded as follows: *First year*, anatomy, chemistry, physiology, materia medica, and practical work in the anatomical rooms and chemical laboratory; *second year*, the same, also histology, obstetrics, surgery, practice, therapeutics, and hygiene; *third year*, the latter departments continued and practical medical work under the direction of teachers, with clinical reports of cases attended. Students desiring to take a four-years course will confer with the secretary on matriculating, and be instructed how to proceed.

Requirements for Graduation.—Three winter sessions of lectures, with clinical instruction according to the course laid down; satisfactory examinations before the Faculty and Board of Examiners.

NEW YORK POLYCLINIC.

The second year of the New York Polyclinic finds it in a flourishing condition. It is like the preceeding school in its essential features, except that didactic lectures form no part of the plan of instruction, as the school was organized with the special view of teaching only clinical medicine and surgery to physicians. The numbers in the various classes are limited, so that each can have an opportunity for personal investigation of patients. The Polyclinic is open all the year, each special course extending over six weeks.

FACULTY.

James R. Leaming, M. D., Professor of Diseases of the Chest, President of the Faculty.

E. Darwin Hudson, Jr., M. D., Professor of General Medicine.

John H. Ripley, M. D., Professor of Diseases of Children.

Louis Elsberg, M. D., Professor of Laryngology and Rhinology.

Landon Carter Gray, M. D., Professor of Diseases of the Mind and Nervous System, and Electro-Therapy.

Richard C. Brandeis, M. D., Professor of Laryngology, Rhinology, and Otology.

Andrew R. Robinson, M. D., Professor of Dermatology.

Edward B. Bronson, M. D., Professor of Dermatology.

John A. Wyeth, M. D., Professor of General and Genito-Uriinary Surgery.

A. G. Gerster, M. D., Professor of General and Genito-Uriinary Surgery.

Paul F. Munde, M. D., Professor of Gynæcology.

W. Gill Wylie, M. D., Professor of Gynæcology.

James B. Hunter, M. D., Professor of Gynæcology.
 Emil Gruening, M. D., Professor of Ophthalmology.
 David Webster, M. D., Professor of Ophthalmology.
 V. P. Gibney, M. D., Professor of Orthopædic Surgery.
 Walter R. Gillette, M. D., Professor of Obstetrics.
 George B. Fowler, M. D., Instructor in Physiological Chemistry.

THE NEW YORK POST-GRADUATE MEDICAL SCHOOL.

Clinical instruction constitutes a fundamental feature of the school. Systematic or didactic teaching hold a subordinate position. No under-graduates are admitted.

The regular term began October 1, 1883, and will continue until June 2, 1884. The other term is intermediate, and will continue until October 6, 1884. Each course continues seven weeks, and a single one or any number may be taken.

Whatever may be considered the best means of bringing it about, whether by one sort of medical politics or another, whether by one code of ethics or another, or by no code, the times certainly point to a desire for a higher standard of medical education in the city and State of New York.

WE have received a copy of "The Treatment of Syphilis," by J. Marion Sims, M. D., a reprint from the *British Medical Journal*. The article taken as found in the original print is full of merit, but this "second edition," accompanied by a letter from J. Marion Sims, M. D., dated as late as Sept. 13, 1883, and directed to Eli Lilly & Co., proprietors and advertisers of "McDade's Remedies," either indicates an innocent confidence in advertisers, or hugs the Code very, very close.

—At the recent meeting of the Academy of Medicine, of New York, the proposed amendments to the Constitution and By-Laws were lost, receiving only a majority vote. The object of the proposed Amendments was to eliminate from the Academy everything pertaining to medical ethics and make it a purely scientific body. This is a victory for Dr. Austin Flint, Sr.

This issue of the REPORTER has been unavoidably delayed about a week. We hope to be out a little earlier next month.

—Cincinnati has one more medical college, the Medical University of Ohio.

CORRESPONDENCE.

THE GERM THEORY.

The present wave of medical opinion seems to approach the shore, and the result of the patient toilers, not only at the microscope, but also those who study disease by the bedside, will soon be put into such a shape, as to establish the influence of the lower forms of vegetable life in the production of disease, or if not, to define their real function in the economy of nature.

We wish to suggest a key to the determination both microscopically and clinically, of their real influence.

Prof. De Wecker, of Paris, introduced to the attention of the profession, something more than a year ago, the therapeutic properties, of an agent, that we have probably all played with in childhood, under the name of "Sea Beans." Accidently learning of their use in South America to relieve the effects of long continued trachoma resulting in pannus, he commenced to experiment with them.

Without entering into the consultation of their therapeutical uses, we desire to call attention to the following facts:

1st. A cold infusion of the macerated beans will produce a conjunctival inflammation, similar but more severe than the croupous form of purulent conjunctivitis. The eyelids become oedematous and purple, the oedema and swelling as in gonorrhœal ophthalmia extending to contiguous parts, the conjunctiva in a few hours becoming covered with pseudo-membrane which reforms when it is detached, also showing extensive chemosis, a purulent discharge following, and in a few days spontaneous recovery. The activity of the local inflammation is so great that all the severer symptoms of constitutional disturbance belonging to local inflammation, are present early in the attack.

2d. The infusion is most active when first prepared, and in three or four days its efficiency is lost.

3d. There is no pain accompanying the use of the infusion, the inflammation com-

ing on from twelve to twenty-four hours after its use.

4th. No other preparation of the bean is active.

Here we have the phenomena, belonging to contagious mucous inflammation, produced by a drug, the clinical history of its effects, is the same as the clinical history of so-called germ diseases.

It is stated that enormous quantities of bacteria are found in the infusion after twenty-four hours, are they the cause of its activity? Or are they the cause of its rapid deterioration? Why, if the inflammation is due to bacteria, is the development of this particular form confined to the *abrus precatorious*? Can this form of bacteria (if it exists) be propagated?

This is the problem of Jequerity, and it seems to us its solution will determine the value of the "Germ Theory."

BACILLUS.

INFLUENCE OF CALOMEL ON FERMENTATION AND THE LIFE OF MICRO-ORGANISMS.

(Abstract of a Paper by N. P. Wassilieff, in New Remedies.)

Calomel has always held a foremost place amongst those remedies which are confidently resorted to in certain gastric and intestinal disorders, especially of childhood, but the precise nature of its beneficial effect has heretofore been unexplained. Recent works on pharmacology pass over the question, and only Kohler refers to the favorable action of the drug in typhus, cholera, dysentery, and other diseases, as being due to the germicidal and anti-fermentative qualities. No evidence in support of this view is adduced. Voit, however, had noticed in 1857 that egg-albumin and blood, when mixed with calomel, remained for days without undergoing putrefaction. Hoppe-Seyler also mentions an aseptic influence of calomel, and ascribes to it the well-known color of bowel discharges after an administration of calomel.

The author undertook this investigation at the request of Hoppe-Seyler, first, in regard to the behavior of calomel towards the so-called unorganized fluids (enzymes,) and

secondly, as to its action on the lower organisms associated with the processes of fermentation and putrefaction. The first series of experiments were made in order to determine the influence of calomel on the normal process of digestion in the stomach. The results proved that its presence in no way interfered with the properties of the gastric juice, fibrin being digested in the same time, whether calomel was present or not. In the next series, the influence of calomel on the process of pancreatic digestion was investigated. It is now known that three separate ferments exist in the pancreatic secretion by which albuminates, fats, and carbo-hydrates are severally transformed and fitted for assimilation in the system. The object in view was to observe the possible influence of calomel on each of these respective ferments. For the purpose of experiment, a watery extract was prepared from the finely-minced gland and strained through linen. It was found that the action of the ferment, by which albuminates become digested, was in no respect hindered by the presence of the calomel, and further, that there was a conspicuous absence from the liquid mixture of all products of putrefaction. In the mixture containing calomel large quantities of leucin and tyrosin were found, whilst indol and phenol were absent. In the mixture without the addition of calomel, the two latter bodies were both present, but only traces of leucin and tyrosin. The latter solutions had likewise a putrid smell and a dirty-brown color, whilst the former was of a dark-grey color, and odorless. In some additional experiments wherein the process was allowed to proceed in a Bunsen gasometer, and the evolved gases examined, it was found that from the mixture containing calomel hydrogen and hydrogen-sulphide were never given off, and carbonic anhydride in very considerable less amount than from the control mixtures without calomel. These results accord with those of Hufner (*J. pr. Chem.*, 10 and 11,) who found, in his experiments on artificial digestion with pancreatic extract, that when, by means of a properly arranged apparatus, entrance of micro-organisms was prevented, neither hydrogen nor hydrogen-sulphide

made its appearance, but only carbonic anhydride. These two first named gases have therefore nothing to do with digestion proper, but are the result of putrefactive changes brought about by the presence of microzymes in the alimentary canal.

The action of calomel on the ferment of the pancreatic juice, to which the digestion of fat is due, was next examined. The existence of such a principle has, until now, been considered highly doubtful, Paschutin's observations on this head being all that is known of the subject (W. Paschutin, *Ueber Trennung der Verdauungs-Fermente; Centralbl fur die Medicin, Wissensch.*, 1882.) As in putrid solutions, fats became saponified rather quickly: the problem became an important one to determine whether the transformation of fat in the alimentary canal was owing to the action of an unorganized ferment or merely to the putrescent changes going on there. The experiments made proved beyond a doubt that the action of pancreatic juice upon fat took place in the complete absence of putrefaction, and the digestion of the fat by the pancreatic extract in presence of calomel proceeded precisely as in the instance of the experiments in regard to the peptic ferment (trypsin) of that gland. The action of the third and remaining ferment of the pancreas, the diastatic, upon starch, and the transformation of the latter into glucose, proceeded equally undisturbed in the presence of calomel. Hence it follows that calomel, by its presence in these experiments on artificial digestion, allows the actual process of digestion to go on without injury, whilst it effectually prevents putrefactive change. And this, in the same way, is proved for salicylic acid by Kuhn, and, in the case of arsenic, by Scheffer and Bohm.

The author also found the action of calomel in the process of butyric acid fermentation, which sometimes occurs in certain pathological states of the digestive system, similar to that in common putrefaction, entirely preventing it. A further series of experiments, which need only be referred to here, were carried out to determine the disinfectant action of calomel in fluids containing bacteria and micrococci, the bacter-

ioscopic method of Bucholtz-Wernich being used. The results showed that calomel acted as a true antiseptic and disinfectant in preventing the development of such organisms in culture fluids, and arresting their activity when already developed therein. The difference in the influence of calomel on the process of digestion on the one hand and on putrefactive and fermentative changes on the other, is dependent upon a distinct difference of action on unorganized ferments. Whilst it does not interfere with the activity of the latter, it destroys the vitality of the former, and with it the power of inducing subsequent septic changes. Finally, as regards the green color of the bowel discharges witnessed after the exhibition of calomel, this was formerly attributed to the presence of bile, expelled by virtue of the assumed action of calomel as a cholagogue, this appearance was considered by Hoppe-Seyler to be due to the presence of undecomposed bile, and the author's experiments now confirm this view.

Under ordinary conditions, the bile pigments, bilirubin and biliverdin, become decomposed in the intestine under the influence of putrescent changes, forming hydrobilirubin. During the administration of calomel this decomposition does not take place, and the bile pigments are expelled unchanged. The author concludes that the therapeutic virtues of calomel are to be ascribed to its antiseptic and disinfectant properties.—*Zeitsch. Phys. Chem.*, 6, 112, in *Journ. Chem. Soc.*

—The prevalence of post-nasal catarrh in this country is attributed largely, by Dr. Morrell Mackenze, to the abundance of dust. He found the disease, on a recent visit, all over the Eastern States, in Chicago and St. Louis, in Nebraska and Utah and on the Pacific Coast. The country roads he found poorly made and the city pavements generally worse than those of the most neglected cities of Europe. By the abundance of traffic, dust from them is set in motion. Being inhaled, it lodges in the pharynx, and, being with difficulty dislodged, remains and forms a source of irritation. He thinks heredity, urged as a cause by Bresgen, has little to do with it.—*Medical Annals.*

THE IOWA State Medical Reporter.

DES MOINES, OCT., 1883.

EDITORIAL

MEDICAL STUDENTS.

We greet, with cordial good will, the young men, who during this month, take their preparatory steps towards entering the medical profession. The journals as a rule, and many of the members of the profession will tell you that the field is over-crowded, that every new recruit must run the risk of starvation, and worse, that he will help to starve those who have already invested.

The Malthusians of the profession are numerous the optimists are few.

Not all of the recruits will serve their time out. Some will fall crippled by the wayside, some will not be able to bear the hardships and will drop out, some will be allured by the greater promise of other fields, and others, few we hope, will desert their colors, and seek the rewards always offered for treason.

It is well, too, for each student to recognize at the start, the place for which he is fitted, and to aim at the best possible result without exposing himself to the misanthropy of vain ambition.

The inventory of the students qualifications, before commencing the study of medicine, is a gauge by which he may safely moderate his expectations.

The broader his education, the more thorough his training in observation, and

the readier his mind passes from cause to effect, the greater will be his adaptability to become the wise physician. The most learned is not always the most practical, and seldom the most successful, (measured by a financial standard,) but other things being equal, he whose mind is trained to accurate observation, whether of the minute phenomena of disease or of that miscellaneous aggregation of factors, called "human nature," becomes not only the best physician but also the most successful, in all senses of the word.

The student naturally inclines to place his best efforts upon that part of the service which interests him most, and the note book fills most rapidly when the lecturer is talking of treatment, how to treat disease, is what every medical student aims at, and it is a laudable aim, sometimes forgotten in after years, when the disappointments over the therapeutics taught the student, have turned the attention of the older physician to the laws of disease and to the study of pathology, as a science, and not as a means to an end.

If the student lay his foundations broad and deep, the therapeutical superstructure will seldom be faulty.

It has always seemed to us that two of the branches taught in medical schools, and as a rule, first approached by medical students after matriculation, should be made entirely preliminary to the study of medicine proper. When chemistry and anatomy are mingled in teaching, with the practical branches, the student, however zealously he may labor at them, fails to possess the interest in them that he would,

if he were by their study preparing himself to study the healing art.

By chemistry, however, we do not mean the chemistry taught in most high schools and many colleges, nor attendance upon lectures illuminated by brilliant experiments, but laboratory work entered upon as the apprentice begins to learn his trade.

The student of anatomy should lay his foundation deep before commencing the dissection of the human body, and this foundation should include anatomy as a science, histology and comparative anatomy.

The memorizing of "Gray" in the office is a poor substitute for the fundamentals of anatomy.

But the student well or illy prepared has entered upon his course, and he will find that much is expected of him during the present and ensuing courses of lectures. He will find much to memorize, and we hope much to observe. Let him apply himself thoroughly to the fundamental branches, and study up each clinical case, he will be surprised to find how much of pathology and ætiology will cluster around a single case, and how easy it is to remember the facts associated together, when they are brought into direct relation with a human being seeking relief of our art.

The problem of how to acquire the most information in the least time, cannot be solved for all in the same manner. One by hard and patient toil alone, can fix the necessary facts in his mind, while another will instinctively group the facts, and pass from the general to the special

with the greatest ease. One can work paroxysmally, for long periods and then rest and digest, another can do with little sleep for night after night, and still another must have his regular nine hours sleep, or be unable to continue his studies. It is useless to attempt to force nature, and the sooner the student learns what he can do and how he can do it best, the better it is for him.

An institution peculiar to medical students is the "quiz" something between the cramming of academical schools and a rehearsal; every student should join a "quiz," and should take every opportunity to "quiz" and be "quizzed." Much trashy material will he thus handle, much that he thus memorizes will he have to forget, but he will acquire the habit of having his knowledge at instantaneous disposal, or as has been said, "get his brain well pigeon-holed and have the pigeon holes all labeled;" and this will be of more importance to him as a physician than the temporary contents of those same pigeon holes.

Again, as students of the healing art, it is the primary duty of each one to look well after his own health. To do this successfully he should avoid dissipation, and seek a sufficiency of good nutritious food, the long hours of a medical student's work necessitates better nourishment than ten hours a day of physical exercise. There is no greater extravagance for the young medical student than a cheap boarding house. But the student in looking after his health should avoid searching for disease in his own person. No class of people are more prone to imaginary

ailments than medical students. Seventy-five per cent believe themselves, sometimes during their course of study, suffering from heart disease, and every little while the assiduous watcher of the urinary excretion may discover albumen, much to his terror. Medical students should never feel their own pulse, examine their own heart or lungs, or prescribe for their own ailments, perhaps it would be well if students abstained from doing these things for each other.

Finally, students should not "cut" lectures, if over-worked they can undoubtedly get excused from occasional lectures, probably with more advantage to themselves, for it is well to remember that the medical student has passed from under the restraints of childhood, and upon his own responsibility in his own manner, is rounding out the man and citizen of the future, if faithful to the trust, he can afford to await the generous recognition, which merit eventually receives.

A NEW SCHEME.

We are in receipt of the following "dodger."

DR. J. E. HARPER,

A. M. M. D., Professor of Diseases of the Eye and Ear in the College of Physicians and Surgeons, of Chicago, expects to visit me next Saturday to remain a few days. I would be pleased to meet all who have any diseased eyes or ears at my office during his stay here. Respectfully,

J. B. FINDLEY.

Neither date nor location is on the hand-bill, but the envelope bears the post mark, Bloomfield, Iowa. Of course a Professor in a medical college in Chicago, especially the College of Physicians and

Surgeons, would spurn the idea of resorting to the "ordinary devices of the charlatan" to gain a few additional consultation fees, and Dr. Harper would, if asked, undoubtedly say that Mr. (or Dr.?) J. B. Findley distributed these bills without authority and at his own expense. Nevertheless, the novelty of the device is such, that it seems to us that an exception should be made to the ancient custom prohibiting physicians from patenting their inventions. There are a number of men in the profession who are not so scrupulous as we have supposed Dr. Harper to be, who should most certainly pay a royalty for the fine suggestion of "*How not to do it*," contained in the above. But as such men nearly always succeed in getting themselves well advertised in strict conformity to the code, they may as well have the benefit of the suggestion. Of course it would require a confederate, but his kind assistance could be obtained for a percentage of the large consultation fees resulting, while if any bigoted county society should call the consulting physician to account, he could quote Macbeth with as much affability as the Gael had terror. "Nay, never shake thy gory locks at *me*, thou canst not say *I* did it."

SOCIAL NOTES.

DR. S. M. JOHNSON and son, of Carson City, have left for a tour through Kansas.

MRS. DR. BEACH, of Stuart, is in Fairfield at the bedside of her mother who is dangerously ill.

MRS. DR. CRILEY, of Dallas Center, is visiting in Colfax, guest of her sister Mrs. S. J. Barker.

The annual meeting of the Jasper County Medical Society was held at Newton Wed-

nesday, the 17th inst., commencing at 10 A. M. The sessions were quite interesting to the members.

DR. DUNLAVY, of Bedford, is building quite a handsome addition to his house on Jefferson Street.

The first anniversary of the wedding of Dr. G. A. and Mrs. Smith, of Camanche, was duly celebrated by a party of friends.

DR. J. D. McVOY, of Lake City, will spend the winter in Des Moines with his family. The Dr. will represent Calhoun Co., in the next session of the Legislature.

We are reliably informed that a woman in Clinton, who is addicted to the use of morphia, regularly takes three drachms a week, buying the sulphate of morphia at a druggists.

DR. SAMUEL H. KRIDLEBAUGH, of Clarinda, one of the oldest practicing physicians of southwestern Iowa, died of paralysis at Kimball, Dakota, September 26. He had been a resident of Clarinda about twenty-eight years.

DR. GUSTINE and family, of Carroll, well known to many Greene county pioneers, have removed to Gainesville, Fla., where the Dr. has invested in a four hundred acre farm. They will reside in the South during the winter, at least.

DR. C. W. CORNELL was married Oct. 16th, at Burlington, to Miss Lena Schaffner, of that city. Miss Schaffner has many friends in this city with whom she has visted, and all unite in saying that the Dr. has won a prize in the lady he has chosen to share with him the joys and sorrows of his married life. Dr. Cornell is well known throughout the county and has a host of friends who wish that he and his estimable wife may enjoy many happy years of wedded life. The invitations are out for the reception at the residence of Dr. N. R. Cornell, father of the groom next Monday evening.—*Express*.

—The Missouri State Board of Health refuse to recognize the diplomas from the following schools: The Joplin Medical College, The Kansas City Hospital College of Medicine, and the St. Joseph Northwestern Medical College.

A SAD FALL.

Through an advertisement in the *Detroit Lancet* our attention has been called to a sad case of professional degradation. It is that of Dr. H. H. Kane, of New York. The advertisement was received by the publisher of the *Lancet* through an advertising agency, and not scrutinized owing to the former excellent reputation of its author, Dr Kane. But even a cursory reading of the advertisement will show that he proclaims the discovery by himself of a combination of remedies by which the opium eater can cure himself at home, in a short time. He does not even hint at the names of the drugs which enter into this combination. In short as far as this advertisement goes the combination is a "secret one" which the author presents to the medical profession. Nor does it appear that the elements of the combination are made known elsewhere. The names of the eminent men in the profession who endorse such a state of things are not given here and we are informed are not to be found anywhere. The whole affair strikes us as a fraud of the most shameless sort. How one with Dr. Kane's professional education could descend to such depths we are unable to comprehend. We are sure that all honorable members of the profession will read this notice with as much regret as we feel while we pen it. It is in view of this regret that we refrain from publishing other and more shameless facts respecting his fall that have come to our notice. We simply desire to direct the attention of our readers to the matter of the advertisement that they may not be deceived thereby to the hurt of themselves or their patients.—*Detroit Lancet*.

The College of Physicians and Surgeons at Des Moines, opened its Second Annual Course Sept. 25th, without the formality of an introductory address. The school is doing well and on the whole, is a success.

New York city has over forty public and private hospitals, and twenty-five dispensaries, which furnish abundant material for the twenty-five or thirty daily clinics.

THE PLACE OF PANCREATIN IN THERAPEUTICS.

[Extracts from a paper by J. S. Hawley, M. D., Brooklyn, N. Y.]

* * * The role which pancreatin is now playing in this important field of therapeutics, the wide range of its digestive activities, and the extraordinary attention which has been directed to its use by the late Lumleian lectures by Dr. Roberts, are sufficient reasons for inquiring into its proper use. * * *

Comparatively recent demonstrations have shown that the pancreatic fluid possesses three distinct ferments, viz: amylolytic, proteolytic, and emulsifying. Now it would seem to be a fair deduction and sound reasoning to conclude that if the pancreatic fluid could effectively perform these several offices upon crude food, then the salivary and gastric secretions were useless and in excess of any want of the system. But their presence is proof of their necessity, and the existence of ferments lower down in the elementary canal, supplementary to them, is proof that their action is preliminary, and the fact that their offices are performed where the next lower ferment cannot reach them is proof of their incompatibility. So much may be concluded by *a priori* reasoning from the anatomical arrangement. The physiological aspect of the case will be found in harmony with and confirmatory of the above. The gastric juice is not only known to be acid, but its ferment, pepsin, is inert in any other than an acid medium, while the pancreatic fluid is alkaline and is inactive in any other vehicle. This one physiological fact is sufficient to show that the two ferments cannot act together. One other physiological fact goes to establish the same conclusion, that is, the destruction of the pepsin in the duodenum by the action of the bile. * * * Can pancreatin *pass through the stomach*, come out unimpaired, and in the duodenum take up its office and play the same role as freshly secreted pancreatic juice? In other words, can pancreatin be usefully employed by administration by the mouth?

The extensive use of remedies in which pepsin and pancreatin are combined, im-

plies a belief on the part of many physicians that pancreatin *can survive* the action of the gastric juice and pass on unharmed into the duodenum, where it is free to perform its office. So far from this being the case, however, there are many reasons for believing that pancreatin is digested in the stomach like any other proteid. * * * Now it is difficult to understand why a substance of the nature of albumen or casein should not be digested by pepsin, whose sole object and use is to digest albuminoids, and whose ability to digest that whole range of substances is well known. But the determination of this point does not rest upon inference. It has been shown by Kuhne that "pepsin in acid solution actually destroys trypsin (one of the constituents of pancreatin;) trypsin in alkaline solution does not possess the converse power of destroying pepsin, which, however, is altogether inactive in an alkaline fluid." * *

* * * Can pancreatic preparations by any device be protected from the action of the gastric juice in their passage through the stomach, in such manner as to preserve their digestive potency intact until they arrive in the duodenum, where the conditions are favorable for their action?

Dr. Fothergill proposes to accomplish this by administering ten or fifteen grains of bicarbonate of soda with a dose of liquor pancreaticus at "the tail of the digestive act." "This passes it securely through the stomach; just as a guard of soldiers sees a merchant convoyed over an unsettled frontier infested by robbers." Theoretically considered this expedient is open to several objections.

First, the alkali and the liquor pancreaticus are commingled, hence the pancreaticus is as much exposed to the attack as the alkali; as if the soldiers who were sent to guard a company of merchants should mix indiscriminately with their unarmed charge, an attack upon this promiscuous assembly would be as likely to prove damaging to the guarded as to the guards. If the alkali could be made in some way to surround the pancreatin, so that the acid gastric juice could be neutralized before the

pancreatin became exposed, more certainty would attend the device.

Second, it must not be forgotten that ingesta of no kind pass directly through the stomach. It is the nature and office of the stomach to retain its contents, and to pour out gastric juice upon them. Under these circumstances how long would ten or fifteen grains of alkali resist the acid of the stomach? It is proposed to give the alkali and pancreatin an hour and a half or two hours after the ingestion of a meal, at "the tail of the digestive act." Does not the digestive act continue from four to six hours? Can "the tail of the digestive act" be determined? Does not every fresh ingestion provoke a fresh discharge of gastric juice? Certainly such a procedure, to say the least, must be subject to very great uncertainties. The stomach is well called an "acid gulf," "which we have to guard against, else our artificial pancreatic secretion is useless, of no earthly avail." It seems more probable that this "acid gulf" would swallow up any adventurous pancreatin which should attempt to cross it, than that the rash adventurer should cross it in safety. But, theory aside, it is claimed that clinical experience justifies the conclusion. It, however, should not be forgotten that clinical experience is invoked in defence of the use of pancreatin, not only ungarded by an alkali, but actually in combination with acidulated pepsin, which both Dr. Roberts and Dr. Fothergill, assert to be fatal to pancreatin.

* * * * *

But which ever way the progress of observation and experience may determine this question, pancreatin has before it a wide therapeutic field. Second only in importance to the promotion of the digestive act within the organism is the adaptation of foods to the conditions of disease. The whole subject of the nutrition of the sick may be influenced by the use of this agent. The patent fact that the stomach, in common with all other organs of the body, is impaired by all acute and many chronic diseases, affords a wide scope for the use of artificially digested foods; but more especially is pancreatin likely to revolutionize the vexed question of infant feeding.

The principal obstacle to the successful administration of cow's milk is alleged to be the density of the coagulum formed by the action of the acids of the stomach upon the casein of the milk, thereby preventing its proper digestion. The devices for overcoming this difficulty have been numerous, but none of them entirely satisfactory. The use of pancreatin preparations appear to meet this difficulty fully. Dr. Roberts ascertained by many experiments that pancreatin acts with great rapidity upon the casein of milk, and if not fully peptonizing it, certainly rendering it non-coagulable by heat or acids. This would seem to leave little to be desired in the matter of the adaptation of cow's milk to the purposes of infant-feeding. In the case of feeding infants upon farinaceous substances containing a large preponderance of starch, as they all do, the objection to their use is deemed to lie in the inability of very young infants to saccharify starch, either by the action of the salivary or pancreatic secretions. This inability to digest starch has been attributed to non-development of the salivary and pancreatic functions, which, it is alleged, has been physiologically demonstrated. *

* * * But by the use of artificial pancreatic preparations this conversion of starch is accomplished with the minimum of trouble and skill. It consists simply in adding to the cooked food, at blood-heat, the pancreatic liquid, and allowing it to stand in a warm place one hour. A process so simple and so effective certainly seems likely to banish many of the infant foods which are now urged upon the attention of mothers and physicians.

The question, "What is the place of pancreatin in therapeutics?" may, in view of the facts set forth above, be confidently answered: Not as a remedy to be administered internally, but as an agent for adapting foods to the impaired digestive functions of the sick, and especially to the preparation of cow's milk and farinaceous foods for infant feeding.—*Record*.

THE Medical Department of the Iowa State University opened its Fourteenth annual course of lectures Wednesday, October 3d. Prof. Middleton delivering the intro-

ductory lecture. The new departure requiring preliminary examination does not seem to have deterred as many from matriculating as was anticipated.

HOW TO REMOVE FOREIGN BODIES FROM THE EAR.

[Extract of a paper read before the State Medical Society of Virginia, by Julian J. Chesolm, M. D., of Baltimore, Md.]

He alluded to a common error of belief among the laity, that the ear opens directly into the brain. He mentioned a large number of the foreign bodies that may enter the ear cavity, and described the form of the cavity itself. After suggesting that the physician should always examine for himself to see that a foreign body is really in the ear, and to discover its nature, he referred to the method of examining the cavity by means of a speculum, a reflecting mirror, and a good light, etc., he cautioned against mistaking certain natural conformations for foreign bodies. He then remarked that, usually speaking, certain foreign bodies may remain indefinitely in the ear without injury, and in many cases without inconvenience. To remove an insect, necessarily an air-breathing animal, he recommended to drop in the ear some bland olive oil, which speedily destroys its life, and to follow this up by the use of the ear-syringe with warm water, and the foreign body will soon be washed out. He cautioned against the use of forceps by the inexperienced physician. The true object of his paper was to urge upon physicians the use of the ear-syringe, and a stream of warm water as the all sufficient means for removing foreign bodies from the auditory meatus. "I have never seen a case of foreign body in the ear, not tampered with by others, that I have failed to extract by the syringe." It is in the *persistent* use of this simple and innocent means that the object is finally obtained. The syringe should hold from one to two ounces, and be easily worked by one hand. If the foreign body be vegetable in kind, use alcohol instead of water, as alcohol has the power of shrinking vegetable matter swollen by moisture. First, cleanse the ear of all purulent secretions, then fill the aural passage with alcohol, inserting a plug of cotton at the external meatus to prevent its escape. It can do no harm to let it remain there all night. After the soft seed in the ear has been shrunken by soaking in alcohol, its removal by the stream of water will be much expedited. When the necessity arises for the removal of a foreign body, and when these means fail of success, it is safer to send the patient to a specialist who is at least apt to be more dextrous in the use of ear instruments than the general practitioner.—*Vir. Med. Month.*

STUDENTS WANTED.

"LINCOLN, Neb., Aug. 25, 1883.

"*Dear Doctor* :—I send this day our announcement; please examine it, and if it is a possible thing, send us one or two students for the winter term. We have had a struggle with allopathy, and all that is wanting is for you to send us the students to make us triumphantly victorious. We are doing this work without money and without price. Will you also do what you can for the cause? Induce some young man to come; it costs comparatively nothing, and will be worth hundreds of dollars to him, even if he never practices; it would be worth thousands to a lawyer, and only costs him his board.

"Remember, everything depends on our making a good showing this season. If we have comparatively no students this season, the institution will certainly die of inanition, if indeed, it is not still-born, or worse, an abortion. We have done our part; we have won the first victory of the kind on record. Now, for Heaven's sake, send us some students. The life of our institution demands, depends on it, and believe me, fraternally yours,
W. S. LATTA."

—*Omaha Bee.*

—The above letter speaks for itself; while it reminds us of an old story about a ground hog, it also illustrates a principle that is too often laid in the foundation of medical colleges.

TO PHYSICIANS.

A good location for the practice of medicine, in Eastern Iowa, on one of the main lines of railroads, and in one of the best sections of the State. Good house, barn, well, cistern, &c. No competition. Purchaser will be well introduced. Good reasons for selling. Price of property, \$2,000; half cash, balance on time. No charge for practice.

Address,

IOWA STATE MEDICAL REPORTER,
Des Moines, Iowa.

Insurance statistics, compiled from official sources, show that the Burlington Insurance Company possesses the largest amount of assets to liabilities and does the largest business of any fire insurance company in Iowa.

THE IOWA STATE MEDICAL REPORTER.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. I.

DES MOINES, IOWA, NOVEMBER, 1883.

No. 5

ORIGINAL ARTICLES.

AN IMPORTANT CASE—FRACTURE OF PUBES AND SCAPULA—ERYSIP- ELAS—RECOVERY.

By LEWIS SCHOOLER, M. D., Des Moines.

I was called to see Mrs. E. H., aged 38, June 17, 1882, at 6 p. m. The distance to travel being about five miles I arrived at 7 p. m., found her lying on a lounge in a cramped position, almost completely covered with mud. A very casual examination convinced me that she was suffering great pain, and was in a state of almost complete collapse.

The history of the case was that she had been picked up among the debris of her dwelling, which had been entirely demolished by a cyclone about two hours previous to my arrival. I administered morphia sulph., gr. ss. per orem. All attempts at moving her limbs or body in order to give her a more comfortable position were attended with so much pain and apparent increased collapse that the attendants were directed to administer morphia sulph. gr. ss. at 9 p. m. and let her position on the lounge remain as it was. With these instructions I left to attend to other members of the family who were injured at the same time.

I returned at midnight and found her in much the same condition, with the exception that she complained of no pain. The pulse was barely perceptible at the wrist, and so rapid that it could not be counted with accuracy.

There being no other medical man pres-

ent I administered chloroform 3 ij. by inhalation, and had the attendants lift her from the lounge and place her on a bed in a more comfortable position; administered morphia sulph. gr. $\frac{1}{4}$ *Prorenata* at 6 a. m. On the 18th urine drawn off with a catheter, also at 12 m.; at 2 p. m. no pain and no improvement of the shock; left her with directions for morphia sulph. gr. $\frac{1}{4}$ every three hours during the night; was sent for at 8 p. m., messenger stating that she was dying, which I thought not at all improbable. I arrived about 9 p. m.; she complained of great distress in lower part of abdomen; catheter was introduced, and one and a half pints of urine drawn off, which afforded complete relief. At 12 (midnight) pulse 120 and stronger; evidently beginning to recover from the shock; morphia continued as required; catheter was left in bladder, and nurse was instructed to draw off urine every four hours.

June 19, 8 a. m.—Condition greatly improved; pulse 110, temp. 102; complains of pain in back; insists during the day that her back is broken; ordered morphia sulph. gr. $\frac{1}{4}$ often enough to control pain, the shock still existing to such an extent that an examination to ascertain extent of injury was not deemed advisable at this time.

June 20—Condition better than at any time since the injury; pulse 110, temp. 103; administered chloroform for purpose of making thorough examination and washing the mud from the body; examination revealed a fracture of the neck of left scapula, and a fracture of the right pubic bone, including the body and ramus, and a large bruise over the sacrum four inches in

width by seven inches in length, also numerous bruises and scalds on different parts of the body and limbs, together with a badly sprained left ankle.

The question that presented itself for immediate decision was how to adjust and retain in apposition the ends of the fractured pubic bone. Not desiring to keep her under the influence of the chloroform for any considerable length of time, or to administer it another time, I hastily recalled what had been said by authors of works on surgery about fractures of this character, and at once decided to place her on her back upon a firm hard bed and rotate the thighs outward. Accordingly, a plank six feet six inches in length, by eighteen inches in width was secured, and covered with an ordinary thick quilt, and the patient placed on that in the supine position, with the thighs rotated outward, until the fragments were found to be perfectly approximated. This could be easily ascertained by pressing upon the upper surface of the bone with the left hand, while the index finger of the right was passed into the vagina. The thighs were then kept in place by bags of salt between them. This, of course, would make it difficult to dress the wound over the sacrum should it slough. Cotton was pushed under the hips and back with a spatula in order to protect the points where pressure was most likely to do harm. This was changed daily. The shoulder was bandaged and kept on a pillow, and as the patient could not move herself, there was little danger of the fragments becoming separated. The pulse remained at 120, and the temperature 103, for the next five days. On the night of the fifth day she had a chill, and the temperature went up to 104.

June 26—Erysipelas appeared on the external surface of the right thigh about the middle, there being at that point a superficial scald about as large as a silver dollar.

[It may be well to add here that the scald was produced by hot water contained in a teakettle, which was on the stove, when the house was blown away.]

She was then placed on tr. ferri chloride, drops xxx, every three hours, and quinia sulph. grs. iij, every six hours; with local

applications, consisting of plumb. acetate and glycerine as a wash, and poultices were applied to the erysipelas patch, the poultices never being allowed to become cold.

June 27—Pulse 120, temp. 104; erysipelas is spreading; now reaches half way to knee below, and to hip above, and is six inches in width; treatment same as yesterday.

June 28, 9 a. m.—Pulse 120, temp. 104; still spreading, has reached knee below and trochanter major above.

June 29, 9 a. m.—Pulse 120, temp. 103; still extending, reaches middle of leg below the knee, and two inches above trochanter; treatment same.

June 30, 9 a. m.—Pulse 120, temp. 103; now reaches ankle and involves whole of outer side of thigh and leg; bowels moved by enema of warm water; same treatment continued.

July 1—Pulse 120; temp. 103; has extended to tip of toes; toes and foot greatly swollen; does not involve inner side of thigh or leg; treatment continued; eats very little; ordered port wine, oz. ij, every six hours.

July 2—Condition about the same in every way.

July 3—Erysipelas beginning to disappear at point of first appearance.

As this article is already too long I will not continue the daily record, but state that the improvement so far as the erysipelas was concerned was uninterrupted from this date, disappearing in about eight days.

July 12—Had a chill last night; pulse 120, temp. 104; complains of pain on dorsum of right foot; examination reveals an abscess over internal cuneiform bone; incised, and discharged about one half ounce of pus; evidently blood poisoning has occurred from wound over sacrum.

July 13—Pulse 120, temp. 103; appetite better; quinine and iron kept up, with decreasing doses of the iron and increase of quinine.

July 14—Pulse 120, temp. 104; another chill last night; pain on dorsum of right foot; abscess over external and middle cuneiform bones; incision gave vent to one half

ounce of healthy pus, and complete relief from pain.

July 15—Pulse 120, temp. 103; appetite better, slept better; no change in treatment.

July 16—Pulse 120, temp. 102½; slept well, appetite fair, no pain; on removing cotton from under hip bruise over sacrum is found to be sloughing, which, however, was known to be the case on the 12th, but as she could not possibly be moved it was deemed equally as safe to fight the blood poisoning with a sustaining treatment, and cleanse the wound as best we could by pushing cotton into it and withdrawing it, as to run the risk of killing her outright by turning her over so as to expose the wound.

July 17—Pulse 120, temp. 102; appetite better; wound of sacrum discharging freely; no change in treatment. From this time on recovery was slow but uninterrupted; bowels were moved by enema as often as deemed necessary for nine weeks, the catheter was kept in the bladder for eight weeks, being taken out to be cleansed and to ascertain if patient had control of bladder. At the end of the seventh week it was thought union of the fractured pubic bone was sufficiently firm to justify an attempt at exposing and dressing the sloughing wound over the sacrum. Patient, however, could not bear being turned on her side, but as there was now no danger in allowing the thighs to come together, a piece of canvas was slipped between the patient and quilt on the board, and attached to a roller on each side of the bed, they being fastened to a frame, and rolling them outward lifted her from the board, where she had lain without moving for seven weeks. A hole had been previously left in the canvas to correspond with the location of the wound. Examination showed that all of the bruised surface had sloughed away, leaving a wound five inches in breadth by eight in length. The rudimentary spinous processes of the sacrum were exposed and partly necrosed. The wound was cleansed daily with carbolic acid and water and dressed with iodoform. The iodoform was applied with a spatula by pressing it up against the surface of the wound until it was covered with a thin film. Two and one half ounces of iodoform were

used, the wound healed in three months, she began to sit up at the end of the fourth month, and left her bed at the end of the sixth month,

At the end of a year she walked without a cane and did a portion of her housework, weighing on the 17th of June 131½ pounds, 19½ more than on the day she was injured.

I saw her five weeks ago. There was just a perceptible limp which would pass unnoticed by any one who was not looking for it. Both limbs are of the same length, and she cannot tell on which side the fracture occurred.

There were no indications of iodoform poisoning. It seemed from the first to cleanse and deodorize the wound thoroughly. The amount used was not all brought into contact with the wound, some of it being spilled and wasted in the efforts to apply it to every wart of the diseased surface.

There are many things of interest belonging to this case that are necessarily left out, the article being now longer than the space allowed.

A CASE OF COMPOUND COMMUNUTED FRACTURE OF TIBIA AND FIBULA.

By B. B. GROVER, M. D., Grimes, Iowa.

On the 28th of July, 1882, I was called to see a little girl three years of age who, while playing with other children in the grass, was run upon by a mower. The left leg was struck at the middle third causing a compound comminuted fracture of the tibia and fibula, and severing all the anterior tibio-fibular and nearly all the deep layers of the posterior tibio-fibular muscles, the anterior tibial artery, and the anterior tibial nerve. The tibia was more mashed than cut, while the fibula was cut smoothly; fragments of bone, grass and other foreign matter imbedded into the wound. The part of the leg below the injury hung at a right angle to the upper fragment, showing plainly that there could be no mistake as to the extent of the injury. The anterior tibial group of muscles of the right leg was severed by a cut that extended half through the tibia. A workman near by, grasped the legs and applied cold water, so that when I arrived the hemor-

rhage was practically stopped. I immediately gave restoratives, ligated the arteries, removed the fragments of bone, etc., washed the wounds, put the parts in apposition, applied carbolized oakum, leaving the wounds open, and then placed the left leg in a fracture box; put in several sutures in the wound of left leg, and left the patient well recovered from the shock. The third day after gangrene set in over the ankle joint. I applied poultices to the gangrenous section in order to limit it as much as possible. To my great satisfaction I succeeded, and the slough was only about one and a half inches in diameter. After a few days of judicious poulticing, the gangrenous portion sloughed, with but little hemorrhage, leaving the lower end of the tibia and the tarsal bones perfectly nude. I applied carbolized citron oil dressing, and it at once commenced repair by granulating from the sides; it healed with but little contraction.

Now to return to the fracture. The circulation to a great extent being cut off, I was unable to bandage below the wound, consequently, I could not keep all the fragments in apposition; but owing to their location near the wound, I managed to control the ends of the fibula so that they united. The spine of each fragment of the tibia for one-half of an inch in depth would draw from each other, consequently there was a necrosis in that portion of lower fragment that was not in apposition with the upper. For two months there was nothing of particular interest in the case, except that the wound of the right leg healed by first intention, and that the necrosed portion of the tibia gradually loosened.

October 20, 1882, Dr. Page and myself gave the patient chloroform, made a free incision from the point of fracture and along the spine of the tibia to the ankle joint, and removed three inches of necrosed bone. We left the wound open and applied a carbolized dressing. On the fourth day after this operation, the little patient took down with scarlet fever, which run its ordinary course. She made a complete recovery from this, and in five months after the injury, she was able to run about as well as ever with but one-eighth of an inch of shortening of the leg. The motion of the

ankle joint is somewhat constricted, but not sufficiently to interfere much with her locomotion.

This case adds another to the long list of those, wherein conservative surgery has been shown to be *par excellence* when at first it might have seemed impracticable.

AN AGGRAVATED CASE OF MALPRACTICE—CASTRATION FOR PROSTATORRHOEA.

Last summer a young man, a student twenty-one years of age, applied to C. M. Beverly, A. M., M. D., of Ames, Iowa, for relief from what he supposed to be seminal weakness or losses which caused him great mental distress. This doctor, or rather fiend, could give no hope, encouragement, or promise, of a cure, except by castration. The pictured gravity of this disease to this unfortunate young man, together with the usual mental depression (probably temporarily increased), and his total ignorance of the subject, rendered him incapable of judging for himself, or of looking into the future sufficiently to see the ultimate results of the operation proposed by his medical adviser, he gave his consent, and the doctor carried out his plan of treatment for seminal emissions, and castrated the young man. This unfortunate victim of malpractice is now under the care of Dr. D. Macrae, of Council Bluffs, to whom the writer is indebted for the facts in this case.

Dr. Macrae says: "The young man is in my hands now (November 6, 1883) still suffering from the malady for which he was emasculated, viz., a prostatic discharge, and is not only suffering now from this, the prominent symptom, for the relief of which he underwent this operation, but has, superadded, peculiar nervous jactitation, sleeplessness, and a morbid degree of low-spiritedness, and is in fact a perfect wreck, both mentally and physically."

A PHYSICIAN.

THE INDICATION FOR THE USE OF DIGITALIS.—In heart troubles are empty arteries, full veins (Fothergill). The bulk of urine is an index of arterial fullness, and tells whether digitalis is acting (Traube). Digitalis fills the arteries and empties the veins (Rosenstein).—*New York Medical Times*.

DANGER OF POULTICING EYES.

By C. M. HOBBY, M. D., Iowa City.

It is a melancholy fact that more eyes are destroyed by poultices in this State than by all forms of traumatism. The common resort of the household practitioner, too often prescribed by those who have had opportunities to know better, the poultice continues to add a not inconsiderable proportion to the annual increase of blindness.

The efficiency of warmth and moisture in relieving the pain of local inflammation is not doubted; that it promotes the softening of abscesses, and that it favors the migration of leucocytes are well known, but the very reasons for its efficiency in general surgery are contra indications for its employment in diseases of the eye, and forbid its use in certain forms of disease of the ear.

The application of moist heat in certain corneal troubles, in cyclitis, and even the continuous use of warmth and moisture when an eye has been destroyed, and orbital cellulitis exists, are allowable, but unless the eye has lost its function irreparably, hot fomentations should be employed only under the watchful care of the surgeon, and then only for an hour or so at a time.

In the light of recent experience I am inclined to believe that it is better to do without them under all circumstances, than to risk the possible mischief that may result, from the patient's recommending their use to others.

I make no distinction between poultices, from the decomposing bread and milk, the dirty-looking flaxseed, the potato, alum curd, rotten apples, or even cow-dung poultices, to the more elegant warm water, muslin, and oil silk, all by furnishing warmth and moisture favor the migration of leucocytes into the bloodless tissue of the cornea, the production of corneal abscess, and the train of mischief following from corneal suppuration, and terminating in iritic adhesions or pan-ophthalmitis.

The principal danger in purulent conjunctivitis, aside from the fact that nature in the swollen and oedematous lids, in the increased temperature, and the discharge from the conjunctival surface, furnishes the best kind of a poultice, which rapidly

causes corneal infiltration. Again, under the influence of warmth and moisture the vascularity of the conjunctiva is increased, its papillae enlarged, cell proliferation favored, and a simple, acute conjunctivitis becomes rapidly converted into a chronic catarrhal, more intractable than a trachoma, and indeed, seldom recovering until true granulations are formed. During the last summer I have seen three cases of slight traumatism of the cornea terminate in sloughing of the entire anterior layers of the cornea, two of them in pan-ophthalmitis and one in orbital cellulitis, under the influence of vigorous poulticing, and probably not less than twenty cases of corneal abscess induced by poulticing in conjunctival inflammation, and to these I now add a case, in which corneal abscess entirely destroyed the cornea, which, prior to the poulticing, was sound, as was also the conjunctiva. The case was one of traumatism, involving the sclerotic one-third of an inch back of the cornea, caused by a puncture from an awl, which passed through the sclerotic, invading the vitreous, and probably wounding the lens. The lad was free from pain for about a week, and had little if any loss of vision, when he was attacked with pain along the supra orbital and nasal nerve, probably from iritis, accompanied by redness of the eye. A poultice was applied with the effect of relieving the pain, but when first seen by me his cornea was sloughing through its entire extent, the anterior chamber filled with pus, and the lens opaque, with sympathetic irritation of the other eye. While the eye might have been lost if never poulticed, yet as the ciliary region of the globe was uninjured, there existed a reasonable chance of preserving some useful vision without danger to its fellow; this chance was lost by the use of poultices. But the eye will not have been sacrificed in vain if the profession will appreciate the fact that *a healthy cornea may become invaded with leucocytes under the favoring influence of warmth and moisture.*

—The *Polyclinic*, of November 15, 1883, devotes more than a page of its editorials to typographical mistakes in the *Journal of the American Medical Association*.

PATHOLOGY AND TREATMENT OF SOME FORMS OF HEADACHE.

At a meeting of the medical society of Islington, last week, a very interesting communication was read by Dr. T. Lauder Brunton, F. R. S., on this subject, of which the main points were as follows: Headache is usually the product of two factors—local irritation and general condition. The chief local causes are decayed teeth and abnormalities of the eye, although disease of the ear and nose, inflammation of the throat, and local irritation of the pericranium, or of the skull in rheumatism and syphilis, are not to be forgotten. Decayed teeth may give rise to temporal or occipital headache when the molars are affected, and also, I think, the frontal when the incisors are decayed. The chief abnormal conditions of the eye are strain from reading, or working with imperfect light, or for too long a time, myopia, hypermetropia, astigmatism, and inequality of vision between the two eyes. Besides these, I think that alterations in the circulation and intraocular pressure are frequently produced by bile or poisonous substances circulating in the blood, and that probably also a rheumatic condition affecting either the eye itself or the muscles which move it is a not uncommon source of headache. Where both eyes are equally affected the headache is usually frontal, but when one eye is more affected than the other the headache appears either in the form of brow ache or megrim. In treating any case of headache, therefore, the first thing to do is to see whether the teeth are sound and the eyes normal. If anything is found wrong with either the teeth or the eyes, the defect should be at once corrected. The throat, ears, and nose should also be examined to see if any source of irritation is present there, and the surface of the scalp tested by pressure for rheumatic or syphilitic inflammation. The locality of headache is probably determined chiefly by the local source of irritation, but this differs according to the general condition. Thus frontal headache with constipation is usually relieved by purgatives; frontal headache just above the eyebrows without constipation is relieved by acid; and a similar headache

situated higher up at the commencement of the hairy scalp is relieved by alkalies. Vertical headache is usually associated with anemia, and is relieved by iron. The more or less continuous headache of syphilis is usually best relieved by iodide of potassium, but in order to gain relief the dose must sometimes be much larger than that usually given, and may range from five grains up to thirty grains for a dose. Similar quantities of iodide of potassium are usually sufficient to cure the rheumatic headache.—*Louisville Medical News.*

ON THE RAPID EVACUATION OF STONE FROM THE BLADDER AFTER CRUSHING, WITH PRESENTATION OF A NEW AND SIMPLIFIED EVACUATOR.

Read before the New York Academy of Medicine.

Dr. Fessenden Nott Otis read a paper with this title. Dr. Otis reviewed the subject of evacuation of the bladder after crushing of stone at some length, referring to early instruments invented by Sir Philip Crampton, Clover, and others, and quoting from the writings of Dr. Bigelow, of Boston, whose later and more-perfected instrument was the one which he, Dr. Otis, had used with entire satisfaction until recently, when he had the pleasure of constructing one more simple in its make-up, more easily portable, less expensive, and free from certain imperfections which had been referred to that of Dr. Bigelow. The principal objection to the earlier inventions related perhaps less to the evacuator itself than to the size of the tube employed; it was then taught that the normal size of the urethra was equal only to twenty-one millimetres in circumference. It was now recognized that the larger the tube employed, consistent with the size of the urethra, the more readily would evacuation be effected. Dr. Otis referred to his published writings, going to prove that the normal male urethra varied in size from that of thirty-two millimetres to forty and more in circumference, and that the size of the canal bore a certain ratio to the circumference of the penis. In the numerous measurements which he had made, he had never found a single case in which the normal male urethra fell below twenty-eight millimetres, and he never hes-

itated on finding a constriction below this degree to look upon it as abnormal, and before proceeding to perform lithoplaxy to enlarge the canal by division or by dilatation, as the case might demand. It was specially important that a narrow meatus should be divided, rather than allow one's self to be led to the use of a small-sized evacuating tube with its accompanying disadvantages. The wounds produced by division or divulsion should be allowed to heal before proceeding with the principal operation. The difference in the working value of the large and small-sized tube was illustrated in two experiments, in which, other things being exactly equal, a tube thirty millimetres in circumference transferred three hundred grains of crushed coral in thirty seconds, while one of twenty-seven millimetres transferred only two hundred and eighty grains in the same time. In the case of the old man with enlarged prostate, it was safer to use a smaller tube, rather than run the risk of introducing one of larger size. Dr. Otis traced the successive steps in inventions by Dr. Bigelow, Sir William Thompson, and others, in attempts to construct an instrument by which rapid evacuation could be effected, which would avoid introduction of air into the bladder and return of fragments of stone during the operation; which, in short, would permit of the most rapid evacuation with the best possible results.

The instrument which Dr. Otis then presented consisted of a hollow glass globe, about two inches in diameter, into one side of which, and projecting upward, was a metallic tube connected outwardly with a rubber air-cavity; into the other side, and projecting downward, was another metallic tube, connecting with the tube entering the bladder. The receptacle for the particles of stone consisted of a small glass vessel attached to the globe below. The globe being filled with water, either by suction force through the tube, or by pouring in at the connection with the receiver, the pressure upon the rubber air-bag forced the fluid into the bladder, which returned with fragments of stone when the bag was again allowed to expand. The relation of the two metallic tubes in the globe, one opening upward, and the other, carrying the stone.

downward, prevented any return of fragments, or, indeed, any agitation of the fluid in the receiver below. The amount of water in the bladder could be augmented, if desired, by turning the globe over and pouring in at the connection with the fragment-receiver. The globe could be protected by a light framework with some additional cost. The instrument worked with great satisfaction, was easily portable, cost but half as much as that of Bigelow, was free from certain objections which had been offered to the latter, and the operator was enabled to see the progress being made through the glass globe and receiver. He also employed a tube a little more curved at the end than that used by Bigelow, by which it was rendered easier of introduction and was less liable to become clogged with mucus.

Dr. E. L. Keyes opened the discussion, saying that he had only seen Dr. Otis' instrument for the first time to-day, had not had an opportunity to employ it, and was therefore unable to speak with regard to its practical working; it certainly, however, appeared very simple, and promised to be of the greatest service. It attested the great ingenuity displayed by the inventor on previous occasions. He had used Bigelow's improved apparatus, and had found that it worked very satisfactorily indeed; the objection which had been raised to it, that the screen was liable to become clogged with mucus, had not held true in his experience. Dr. Otis had referred to the history of tolerance of the bladder to surgical manipulation, in which it was stated that it had been established before Dr. Bigelow dwelt upon the fact; Dr. Keyes said that this tolerance was well known to the first inventors of vesical evacuators. He also stated that the inventions of Clover, and others about his time, illustrated in the diagrams by Dr. Otis, were not intended for use upon the healthy viscus, but in its diseased state. Concerning the normal calibre of the male urethra, he did not think it best to form a high and fixed ideal on this subject, and insist upon dividing or dilating every urethra which did not conform to that standard. In general, the larger the tube employed for evacuation, the more easily would the fragments be removed, but he believed that we

should not seek to introduce too large a tube, lest damage be done to the urethra; this was specially the case in the aged with enlarged prostate. He mentioned a case in which he had operated, using a smaller-sized tube with safety, and the patient was afterwards operated upon by another physician, who introduced a tube of large size with sad results. He believed that the majority of surgeons employed a tube of smaller size than that recommended by Dr. Otis, not but what the larger size in itself possessed certain advantages, but because they feared, possibly without reason, doing damage to the urethra. The success of the operation for evacuation depended upon a happy combination of the several points involved in the instrument used and of the steps of procedure, rather than upon the use of a tube of a particular size, or other single fact or detail.

Dr. Otis closed the discussion by correcting certain theoretical objections to the instrument which had been raised by Dr. Keyes.—*Medical Times*.

REFLEX DILATATION OF THE PUPILS A SYMPTOM IN SOME AFFECTIONS OF THE BRAIN AND MENINGES.

Translated by P. E. Archinard, M. D., Gazette de Hopitaux.

Professor Parrot, shortly before his death, made the following discovery, referred to by Dr. Landouzy in his lectures on general tuberculosis. In young children affected with certain diseases of the brain and its coverings, giving rise to coma with or without convulsions, and accompanied by pupillary contraction, stimulation, as by pinching, of the skin of the epigastrium during the stage of coma, produces a more or less marked dilatation of the pupils. In other cases, also characterized by coma, but without convulsions, no amount of cutaneous excitation can induce this phenomenon.

The diseases in which this sign is present are marked by normal or increased cutaneous excitability; they are the following, demonstrated by a number of examinations made on the cadaver: tubercular meningitis, hemorrhages underneath the pia-mater, some cases of chronic hydrocephalus,

and a few cases in which no appreciable anatomical lesions were found. All this group is characterized by compression of the cranial contents.

The cases in which this dilatation is absent present cutaneous anæsthesia and a non-compression of the encephalon, as evidenced by depression of the fontanelles. The most important of these are, œdema of the pia-mater, congestion of the nervous mass and of the meninges.

Now, physiologists assign two sets of causes for the motion of the iris. The first purely nervous; contraction of the pupils due to the circular fibres of the irides supplied by the 3d pair of nerves, dilatation caused by the radiating fibres of these muscles controlled by the sympathetic. The second cause is vascular; an increase of blood to the irides giving rise to contraction and a diminution to dilatation of the pupils. Professor Parrot thought the phenomenon observed by him must be due to vascular action, and explained it in this way; the stimulus produced by pinching the skin is transmitted by the afferent nerves to the centres in the medulla and there reflected to the vaso-constrictor of the irides, thus causing a diminution in the calibre of the vessels of these muscles, a diminished supply of blood, and hence pupillary dilatations. The only practical deductions from the above so far are: that children affected with coma with or without convulsions, in which the pupils do not dilate on repeated cutaneous stimulation, do not suffer from tubercular meningitis nor from hemorrhage of the pia-mater.—*New Orleans Medical Surgical Journal*.

—We have received Lindsay & Blakiston's *Physician's Visiting List* for 1884. This is the 33d year of its publication. The posological tables have been revised in accordance with the new pharmacopœia, and there has been added a carefully prepared list of new remedies, Sylvester's method for producing artificial respiration, illustrated, and a diagram of the chest, as an aid in diagnosis. An edition of the *List* has also been manufactured without dates, which can be used until completely filled.

THE IOWA State Medical Reporter.

DES MOINES, NOV., 1883.

EDITORIAL.

MALPRACTICE.

To all physicians, from the noted surgeon to the meanest charlatan, the word malpractice has a peculiar, and often a double significant meaning, as it comes from the tongues laity, emphasized by associated threats of a law-suit for damages, that which, even if not successful, causes the physician much annoyance, expense and loss of time, gives the public encouragement for other suits to excuse the evasion of just bills, and places a dangerous weapon in the hands of unprincipled parties.

Therefore, malpractice, except at the hands of the most unscrupulous of quacks, and in an aggravated form, is openly winked at, as a rule, by the honorable part of the regular profession, while they secretly give it the censure it deserves.

The medical profession, especially that of Iowa, is not wholly to blame for this, neither should it be censured. They have made several appeals to the people, through their representatives in the Legislature, to protect themselves by means of of statutory requirements, compelling physicians and surgeons to have an established degree of proficiency in the art of medicine and surgery before granting them a license to practice.

This appeal has been lost upon the principles of protection and equal rights,

thus protecting the few hundred charlatans, and giving the thousands of people the equal right to be maltreated, imposed upon and swindled. The case of malpractice written for the REPORTER and found in another column of this number, presented to us such a deliberate and aggravated form of malpractice, that we have taken special pains to investigate it, and trust we shall be able to give to our readers such further developments as may arise hereafter.

—From our investigations, we learn that C. A. Beverly, A. M., M. D., graduated from Bennett Medical College in 1874, and from Hahnemann, in 1877. His other titles we have no reason to accept or to deny. He has been a resident at Ames, for a few years.

We have heard various reports of his social standing which are not wholly in his favor. His professional standing is such, that it does not meet the requirements of the better class of the profession of his own school of medicine.

His victim was a student at Ames, at the time he became acquainted with the doctor. He was a tall, well formed, slender but vigorous young man. In justice to the authorities at the College, it should be known that the young man was living in town, and was in no way responsible to them or under their care, except in his recitations. He was in the habit of going to and from the college morning and evening.

For the sake of the young man we regret very much this exposure. Yet we feel it our duty to ventilate such inhuman

practice, that the perpetrator of an act so uncalled for, unprofessional and fiendishly mutilating in character, should receive the due censure from the public opinion, the press and the law, which it so richly deserves.

We believe that if the works of such men as C. A. Beverly, A. M., M. D., whether done through ignorance, carelessness or maliciousness, and under the mere formality of a diploma, or without it, were placed before the public eye, it might in time, be educated to see the necessity for protection by making such regulations for the practice of medicine, as will permit only those to practice, of the different schools of medicine, who are physically, mentally and morally, well qualified.

—Since our last issue the profession of this country has lost one of its ablest men. Although he has passed away, his name, his character, and his work still live.

Dr. J. Marion Sims died suddenly, at his home in New York city, on the morning of November 13th, 1883. He had been in poor health for some years, but before retiring the night before, he felt as well as usual. Heart disease is supposed to be the cause of his death.

He leaves a large number of personal friends, and thousands who know him only by name, to mourn his loss.

He was strongly endowed with those elements of success which give rise to character, name, and fame.

As a man, he possessed all the instructive qualities of a gentleman. As a surgeon, boldness, determination and perseverance, together with observation

and invention. These have named him in his special branch, "The Father of Gynæcology."

We, with others, feel that we have lost one of our few great men.

—In this issue we publish a letter from F. A. Simmons, M. D., President of the Northwestern Medical College, of St. Joseph, Mo., stating, the reports circulated in the western press, that their college is not recognized by the State Board of Health of Missouri, are untrue.

In our last issue we published, in substance, one of these reports, and in this, we re-publish it as taken from an exchange, in order that our readers may see the original and its correction. While we must agree with the *Detroit Lancet*, that it would be far better were there a less number of colleges, yet, if they must exist, we would be glad to know that the standard of all of them is sufficiently high to be recognized by the Missouri State Board of Health. Therefore, we gladly take this opportunity to correct our mistake.

—The reports from the semi-annual meeting of the State Board of Health of Iowa, indicate considerable progress in its work for the public good.

The Secretary of the Board deserves public thanks for his indefatigable efforts. We cannot resist the temptation to add, we regret that it is not the privilege and duty of this Board to examine the legal license of those who have direct charge of the public health, of which it is the father.

—We have been obliged to drop our Social Notes this issue. They will re-appear in our next.

CORRESPONDENCE.

ST. JOSEPH, Mo., Nov. 20, 1883.

To the Iowa State Medical Reporter.

In your October number you state that the Missouri State Board of Health refuse to recognize the diplomas from the Northwestern Medical College, of St. Joseph, Mo. You are mistaken in this. There was a telegram in the newspapers to this effect, doubtless put in by members of a rival school in this city. We have a resolution from the board, declaring that they would recognize our diplomas, given to us to counteract such damaging reports. Will you please correct this in your next issue and send me the number containing said correction? If you will look at the Illinois State Board report, just published, you will see that both States have adopted the same standard, and that we are not with the rejected list, but on the recognized list.

F. A. SIMMONS,
Pres. N. W. Med. Col.

PROGRESS.

—We are glad to report to our many friends that our subscription list is rapidly filling up, and that we are meeting with encouragement on every hand. Below we give our exchange list: The American Psychological Journal; Chicago Medical Times; New York Medical Abstract; The Sanitarian; New Remedies. Polyclinic; Mississippi Medical Monthly; The Medical World; The Southern Practitioner; Indiana Medical Journal; the Proceedings of the Medical Society of the County of Kings; The Alienist and Neurologist; Nashville Journal of Medicine and Surgery; The New Orleans Medical and Surgical Journal; The Louisville Medical News; The Medical Bulletin; The Pittsburgh Medical Journal; Leonard's Illustrated Medical Journal; The Physicians' and Surgeons' Investigator; The Detroit Lancet; Peoria Medical Monthly; The Medical Annals; The Voice; The Californian; Minnesta Medical Mirror; Iowa Normal Monthly; The St. Louis Medical and Surgical Journal; New England Medical Monthly; Philadelphia Medical Times; Quarterly Epitome of American

Practical Medicine and Surgery; Transactions of the New York Academy of Medicine; The Medical Summary; The St. Louis Medical Journal.

STATE BOARD OF HEALTH.

More Legislation Desired—A Paper on Typhoid—German Tracts on Contagious Diseases—The Transportation of Corpses—Testing Coal Oil.

The State Board of Health held its semi-annual meeting at the office of the Secretary Nov. 2. There were present, Drs. W. S. Robertson, President, of Muscatine; P. W. Lewellen, of Clarinda; J. M. Hull, of Lake Mills; H. H. Clark, of McGregor; S. B. Olney, of Fort Dodge; W. H. Dickinson, of Des Moines; E. M. Reynolds, of Centerville, and Attorney-General S. McPherson, of Red Oak. But very little business of interest to the public was transacted. Various matters of legislation necessary to the more complete and successful accomplishment of the object of the Board were discussed and plans agreed upon. A paper on typhoid was read by the Secretary, and one thousand copies were ordered printed.

It was ordered that 2,000 copies in the German language of the Board circulars on Prevention and Restriction of small pox, diphtheria and scarlet fever, and 1,000 copies each of the same in the Swedish language, be printed.

The transportation of corpses was discussed at considerable length, and it was finally ordered that the present form of permit be changed by omitting therefrom the permit signed by the clerk of local boards. In other respects the present form to be continued.

The following resolution was adopted:

Resolved, That in view of the alarming frequency of accidents and loss of human life and property from the use of kerosene oil, and other products of petroleum, it is the duty of the Legislature to provide the greatest possible protection therefrom, The Iowa State Board of Health therefore recommend that the statutes be so changed as to make a flash point of not less than 100 deg. Fah. the standard of purity of all products of petroleum, to be sold or used for illuminating purposes in

this State, instead of 150 deg. fire test or burning point.

The Board adjourned to May 21st next.

OBITUARY.

THE DEATH OF DR. A. B. MCKINNE, OF COUNCIL BLUFFS, IOWA, SEPTEMBER 24, 1883.

Most of our readers will remember seeing in the daily papers an account of the murder of Dr. A. B. McKinne, of Council Bluffs, by Dr. E. D. Cross of the same city, a little more than two months ago. Thinking that the following account of Dr. McKinne's injuries, and remarks in reference to his professional life, may be of interest to them, the writer quotes, by permission from a private letter dated October 27th, 1883, and recently received from a professional gentleman cognizant with the circumstances as far as they are known. "The bullet of 32 caliber, entered the chest through the sternum between the attachments of the fourth (4) ribs, in ranged a little downward, to the right and backward, lodging immediately under the skin at the inferior angle of the right scapula, whence it was extracted. Death occurred instantaneously. The whole occurrence was shrouded in mystery.

The shock to the whole community was stupendous at the time, indeed at one time it seemed as if nothing would satisfy a few, but an immediate appeal to Lynch law. The people are cooled down now somewhat, and the murderer is out on bail, practicing his profession and seemingly in appearance to be enjoying his notoriety.

Dr. McKinne was a member of the Council Bluffs Medical Society, and also of the State Medical Association. He was a genial, whole-souled gentleman who for several years occupied a foremost position as a practicing physician; for the last year he has given up practicing his profession, except to a limited extent, and was engaged in the wholesale drug business, being partner in the well known firm of Harle, McKinne & Co. He was a most active and progressive citizen, and a most successful business man, whose loss "to this community is quite a public calamity."

SOCIETY REPORTS.

TRANSACTIONS OF THE TEXAS STATE MEDICAL ASSOCIATION—FIFTEENTH ANNUAL SESSION.

This work contains the minutes of the session, the constitution and by-laws, and the roll of membership, together with the president's annual address, and a number of well-selected papers taken from those read before the Association under the several sections.

Of these papers, one by T. H. Mott, M. D., entitled "The Embryo Physician as a Specialist," sprinkles a little sarcasm over the heads of young specialists, and at the same time illustrates a much neglected principle; another, "Decadence of the Family and Forced Abortion as a Cause of Disease in Females," by W. J. Burt, M. D., of Austin, deserves special mention. The data for the subject-matter is well selected, well arranged and well connected; and another, a review of Ophthalmology, by the chairman of this section, contains some valuable thoughts. With these exceptions, the papers are not quite up to the average of those presented at like associations of other States.

—The Massachusetts *Eclectic Medical Journal* mourns the evils which beset its ranks thus: "Herein, we believe, lies the greatest burden which the eclectic school bears to-day: A horde of unscrupulous men from every school, or from no school—men who, on account of ignorance or disreputable practices, either cannot gain recognition at the hands of decent and reputable men, or have forfeited it, knowing how popular is the eclectic system, seize upon the title eclectic, and all decent men wearing that name are made to bear the odium of their acts and crimes."—*Detroit Lancet*.

TO KEEP LEECHES.—It has lately been recommended to keep leeches in water in which one-thousandth part of salicylic acid has been dissolved, and to renew this water every three weeks. The leeches are said to keep well in this manner, and to retain their full suction power.—*Pharm. Zeit.*

REVIEWS.

HOSPITALS FOR CONTAGIOUS DISEASES, and their proper location. By R. J. Farquharson, A. M., M. D., Secretary Iowa State Board of Health.

The author accepts the situation, and acknowledges the need of hospitals for contagious diseases, in the following words:

"No one doubts the great usefulness of these institutions, which, for brevity's sake, shall be called in this paper by the old and significant, but objectionable, name of pest-houses. But when it comes to their location, especially in the suburbs of one of our rapidly growing towns or cities, a very vexed question arises."

After quoting largely from the experience of English small-pox houses, he advocates the following rules or methods for locating such houses so as to prevent the spreading of the infection:

"As to the protection of persons living near a small-pox hospital, it is obvious that there are three modes of effecting this most desirable result.

"The first and most certain mode is to vaccinate everyone in the vicinity, so that they may defy and laugh to scorn the contagion or infection of small-pox.

"The second is to sufficiently increase the distance between small-pox hospitals and surrounding inhabited dwellings, the minimum distance, as taught by the lesson of Fulham hospital, being one mile. This end, difficult of attainment anywhere, is impracticable in the vicinity of towns and cities, which are the only places likely to need small-pox hospitals of any size.

"The third method is to pass all the air emanating from small-pox patients through a fire, where the particulate matter constituting the poison of small-pox, the so-called germ, is certainly rendered inert, if not destroyed, as the numerous experiments with the Ransom stove have shown that a dry temperature of 255° F. is sufficient to disinfect any woolen garment infected with small-pox."

THE GEOLOGY AND TOPOGRAPHY OF IOWA in a Sanitary Point of View. Prepared by P. J. Farnsworth, M. D., for the Iowa State Board of Health.

This circular, prepared by the author for the State Board of Health, contains a large

number of well arranged facts, connected by observations and conclusions, drawn from the writer's twenty years' experience in Iowa. This work successfully meets its design, and is a credit to its author.

OBSERVATIONS ON THE USE OF BROMIDE OF ETHYL as an Anæsthetic for Short Operations, and as a Precursor to the Administration of Ether. By A. E. Prince, M. D., Jacksonville, Illinois. St. Louis: Reprinted from the St. Louis Medical and Surgical Journal. October, 1883.

A pamphlet of eight pages, in which Dr. Prince in substantiating the claims of Dr. Chisholm, of Baltimore, for Bromide of Ethyl as an anæsthetic, says:

"I wish to add my quota of testimony, drawn from experience with Bromide of Ethyl in the past few months, against the adverse criticism and condemnation and banishment which it has received since its introduction three years ago, on the false basis of being a substitute for ether and chloroform.

"The value of bromide of ethyl lies in the fact: First, that during this initiatory period its administration is not attended by that danger from fatal syncope, which, with chloroform, makes the surgeon most apprehensive; and, secondly, that this condition is easily and almost universally produced without disagreeable effect, and lasts from fifteen seconds to two minutes, after which the patient awakens completely and often suddenly without headache or nausea."

"The method of administration is without complicated apparatus, and requires a porous canvas cone, which is placed over the nose and mouth, while the patient is directed to take regular, deep, and moderately rapid inspirations. When this is accomplished, a few drops of the bromide are poured on the cone. After two inhalations these are followed by one or two drachms, depending on whether it is designed to produce partial or profound anæsthesia with unconsciousness. When the vapor is rapidly inhaled the tendency of the agent is to increase the respiratory frequency until the period of complete unconsciousness is reached at which time normal respiration is resumed. This is a valuable sign, for by it we are enabled to know when the patient is ready for the operation."

The doctor gives his experience with bromide of ethyl in about 500 administrations,

and in it, fifty tabulated cases. The article is interesting, and we take pleasure in recommending it to our readers.

THE TYPHOID FEVER OF AMERICA—ITS NATURE, CAUSES, AND PREVENTION,—
By R. J. Farquharson, A. M., M. D., Secretary of Iowa State Board of Health. Read at the meeting of the Iowa State Board of Health, Des Moines, November, 1883, and by the Board ordered to be printed.

In obedience to the order in title of his circular, Dr. Farquharson sets forth negatively and positively by deductions, drawn from his own experience, from statistics and from quotations that are taken from some of the abler writers on this subject, the nature and causes of typhoid fever, of which a summary, together with the "prevention," will be found in the following quotation, in which he says:

"With all due deference to the opinions of others who may differ with me, I would beg leave to suggest the following practical sanitary deductions, as fairly and logically deducible from the principles sought to be established in the forgoing remarks.

"1. That typhoid fever in this country is not contagious, and not being placed in the same category with small-pox, scarlet fever, diphtheria, etc., does not need the minute directions for isolation, disinfection, destruction of clothing or fomites, etc., so eminently proper in the latter diseases. Such directions, in regards to a disease so common as typhoid fever, do more harm than good, and in this way; they are so minute and particular as to most people to seem impracticable, they are therefore neglected, and no ill consequences following, they are confirmed in their opinion (which in this case happens to be correct), that typhoid fever is not contagious, thus bringing contempt, more or less, for all sanitary regulations.

"It may be remarked, can nothing be done to prevent typhoid fever? And it must be answered that in our present condition of knowledge as to the causes of that disease, but little can be done and that in a general way. Our farmers would not, if they could, do away with the exuberant richness of the virgin soil, nor diminish the almost tropical temperature of our summers, yet these are the prime factors in the production of typhoid fever. Any one wishing

to avoid this fever should look to the following points:

"1. As to water, to see that it is as pure as possible. If from a cistern, that it is well-built and frequently cleaned. If from a well, that it is walled up with brick or stone, laid in cement, and is so situated that it gets no surface or soil-water contamination; that it has no wooden curb to rot and furnish a common cause of the fever (aquamalaria).

2. "The house should be well ventilated, not built, if possible, over a marshy spot, or one with a clay subsoil. It should have a cellar, either naturally dry, or made so by efficient drainage, and this cellar should never be used as a store-room for vegetables, and if this is unavoidable, that these should never be allowed to rot.

"3. No slop water, nor indeed any kind of water, should be thrown upon the ground near the home. All garbage, if not consumed by pigs, should be frequently removed, or better still, especially in towns and villages, burned up in the kitchen fire.

"4. If drains exist, and they are exceedingly necessary to any well ordered household, they should receive constant care and attention that they have no leaks nor obstructions, and that they are as frequently and as thoroughly flooded as the water supply of the place will admit. Though feces do not here play the important part in the production of typhoid fever as it appears to do in England, yet on general hygienic principles no accumulation of it should be allowed to take place, but where privies and, still worse, cesspools exist, they should be kept from putrefaction by the abundant use of that good and cheap disinfectant, copperas.

"5. In cases of sickness from typhoid fever in a family, isolation of the patient, so far as possible, is to be recommended, not from any fear of contagion, but to afford that quiet, and that abundant supply of fresh air so necessary in the treatment of all fevers. The stools should be disinfected and deodorized so soon as passed, not for fear of contagion, but upon the general principles of decency, and increased comfort to the patient, and all the household."

VENTILATION, BY JUSTIN M. HULL, M. D., Member of the State Board of Health, and Chairman of the Standing Committee on Ventilation and Heating.

Among the recent circulars published and distributed by the State Board of Health, this one shows more study, better classification, and more original matter.

Mr. Hull starts out with a certain number of accepted truths, each having a relative value to their whole, and a general conduciveness to perfect health; of these truths, he selects one, and says: "An important element in the attainment of perfect health is pure air." He then defines pure air, after which he gives a large number of impurities together with their sources, adding their pernicious results.

He describes two general methods of ventilation, the natural and mechanical. He classifies buildings for ventilation into "dwellings, manufactories, public buildings, hospitals." He recognizes two kinds of artificial ventilation, "extraction and propulsion." He speaks of the object of ventilation of dwellings, and gives what is to be considered the standard purity of air in dwellings.

Under natural ventilation, he speaks of inlet, and outlet pipes, and gives detailed illustrations of a number of their various uses, including plans and specifications.

Fuel, or light and heat, receives special notice, from the main dwelling, the ventilation of its attachments and surroundings, such as cellars, privies, sewers etc., receive but light notice.

Under public buildings, school-houses receive the greater part of his attention.

Mining and railroad cars are treated briefly in the same way as the others. * *

In conclusion, he says:

"I have endeavored to give herein the best authority attainable on the subject of ventilation. To attempt to decide as to the best method would be an absurdity. But one fact is settled beyond a question or difference of opinion: good ventilation costs money; that in this climate there cannot be had thorough ventilation, good heating, and cheapness; that one method of ventilation will not answer for all buildings.

"I am satisfied from observation that very few architects are capable of devis-

ing plans for perfect ventilation, for the reason that they know nothing of the physics of gases. They provide inlets and outlets for air, and methods of heating. If the ventilation is not what you expect, and you complain, he will probably recommend the "Automatic Zephyr Ventilator Cap," the Eureka Pulsifier," the "Sanitary Grate," the "Foul-air Exterminator Stove," or some other patented contrivance, to supplement his ignorance. And he will send you a host of recommendations with them, but not one of them will present the air analysis for the invention, without which they are not worth considering for a moment. There is everywhere in dwellings, public hall, churches, and workshops, a lamentable disregard of ventilation, while extravagant expenditure is made for adornment."

The work as a whole, gives not only the doctor's views, but contains judicious selections from the best writers upon ventilation.

THE AMERICAN CLIMATOLOGICAL ASSOCIATION.

We lately mentioned a movement for the organization of a society for the study of climatology in its relations to medicine. We now learn that, at a meeting held on the 25th of September, an association was formed under the name that heads this article, and that it was determined that its objects should be the study of diseases of the respiratory organs, together with the influence of climate thereon. The following named gentlemen were elected officers: Dr. Alfred L. Loomis, of New York, President; Dr. Frederick I. Knight, of Boston, First Vice-President; Dr. W. H. Geddings, of Aiken, S. C., Second Vice-President; and Dr. James B. Walker, of Philadelphia, Secretary and Treasurer. We are informed that it is intended to hold the first annual meeting in Washington at about the time of the meeting of the American Medical Association. Forty gentlemen in different parts of the country are said to have accepted membership.—*N. Y. Med. Jour.*

—At its last meeting the Missouri State Board of Health refused recognition to the following medical colleges in that state: Joplin Medical College, Kansas City Hospi-

tal College of Medicine, and the St. Joseph Northwestern Medical College. The only regret is that it cannot blot them out of existence, and with them two-thirds of all the other medical schools of the United States. —*Detroit Lancet*, Nov., 1883.

MEDICAL FINANCIAL ASSOCIATION.

From the Texas Courier-Journal of Medicine.

At the request of a number of medical friends I write you a few thoughts on the above subject. The great amount of financial wrong heaped on physicians makes it their duty to themselves to devise some means to protect themselves, as a class, from such wrongs as far as they can justly do so, and I suggest the following:

Let proper associations be formed in every county in the State, and one central one in each State, supported and regulated by the representatives duly elected by the county associations. Then get other States as fast as we can to organize on a similar plan; and then have a National association elected by the State associations, each acting in harmony with each other to the great end aimed at. The money to carry them on can be raised by dues for membership.

Some one or more of the medical journals will act as the organ or organs of such associations. No medical creed-mongering to be tolerated, but all men engaged in the practice of medicine, that will observe its rules and pay their dues regularly, to be allowed to have its benefits. What they are to do is the most important point. I suggest:

1st. All members to report to affiliated associations, and they to their members, all non-paying or otherwise dishonest men that fail to pay them for their practice.

2nd. Report all persons leaving your community and going to another; their standing, in a financial way; making a reasonable effort to find out where they came from; and if they left, where they moved to; and have their true character in this respect, promptly made known to the medical fraternity.

3rd. All unpaid bills to be properly made out, proved and forwarded to the Secretary of the association into whose jurisdiction the delinquent parties moved; to be promptly reported by him to all the members of his association, and efforts be made by the nearest members of said association to collect the same for the parties sending said unpaid bills.

4th. No member of this association shall, knowingly, render any medical aid to any

person or family known to be guilty of defrauding their former physician out of his bill, as a whole, or any part thereof, under the penalty of being expelled from this association, and being duly published.

5th. Nothing herein shall be so construed as to prevent a reasonable charity being extended to the poor, for which no charges shall be made, except in cases where it is a public charity for paupers and others depending on the public.

6th. That each county organize and take immediate steps to put themselves in correspondence with other associations as fast as formed, to protect their members, and preparatory to State and National organizations, similar to our State legislatures and congress; the manner of representation, fees, etc., to be more minutely determined thereafter.

7th. That the fees for membership, at present, be five (\$5) dollars per annum for each physician or medical firm.

We have written this short article in hopes of starting Financial Medical Associations that will be a real blessing to the medical fraternity, and the honest part of mankind as a whole, and will be glad to hear from our medical friends all over the country.

NEM. CON.

SUSPENDED. — The *Pittsburgh Medical Journal* will appear once more, the December number, after which it will suspend further publication for the present, to reappear next summer if it receive the "proper encouragement."

TO PHYSICIANS.

A good location for the practice of medicine, in Eastern Iowa, on one of the main lines of railroads, and in one of the best sections of the State. Good house, barn, well, cistern, &c. No competition. Purchaser will be well introduced. Good reasons for selling. Price of property, \$2,000; half cash, balance on time. No charge for practice.

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THE IOWA STATE MEDICAL REPORTER.

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No. 6

ORIGINAL ARTICLES.

REMARKS ON THE CLINICAL THERMOMETER.

[Read before the Wapello County (Iowa) Medical Society, at its Regular Monthly Meeting, December 4, 1883.]

By S. B. THRALL, M. D., Ottumwa, Iowa.

MR. PRESIDENT: When assigned by you the duty, it is difficult for a physician to select a subject on which to write an article for his home county society. He knows everybody, and everybody present knows him, and it is a generally admitted fact that a prophet is never without honor, save in his own country. With such an audience a writer cannot expect them to be unfamiliar with his requirements, or his advantages for original thought or extended experience.

To read up in some of our text books or essays, the writings of others, and then give a digest of the result of that reading, is likely to be more useful and interesting to the compiler, than to those who may have to listen to what they would prefer to read in their quiet office, and ponder over at their leisure. We, in the country, are necessarily required to pay strict attention to our daily labor, that we may thereby possibly acquire the means to pay for our daily bread; it is not a condition in life conducive to study. If we utilize and apply to the best of our ability, the original researches and experiments of others, we are doing the most of what is expected from the toiling country doctor.

It is his business to read, study, learn, and inwardly digest the published results of the original thinker, scholar, and teacher; the

recorded results of the practical application of those ideas, by those possessing advantages for extended experiment, and then to apply them, to the best of his judgment, in his daily practice. "Try all things, hold fast what is good," is a very trite axiom, which it will not do for any one physician to observe.

"When you get a good thing, keep it," is a much better rule for daily practice, and not with every new case to be trying new remedies.

The above rule, however, may not be strictly applicable to new methods of diagnosis and new means for more certain and positive prognosis.

Correct diagnosis, correct knowledge of pathology, correct prognosis, are essential to the success of a practitioner; I mean, success in securing and retaining the confidence of those who employ him, as well as his success in the management and treatment of disease.

I propose to speak briefly of my impressions of the use of the clinical thermometer.

For some years I have carried one, and made use of it, as I think, sufficiently to express an opinion, as to how much aid it may be, and how much to rely upon it as evidence of progress, or continuance of disease, and also as to wherein it may mislead the physician who relies too much on its indications as a guide for diagnosis, prognosis and treatment,

For a number of years before this use of the thermometer was brought to our knowledge, we were taught to form our opinions by close observation of symptoms and re-

sults of disease; an analytical examination by vision and touch of the tongue; a careful study of the pulse, the heart's action, as to normal or abnormal strength, volume and frequency; a close observation of surface heat; the character of discharges from bowels, bladder, lungs, &c.; auscultation, percussion, &c.; in brief, we had to make a close, practical study of our patient, his systems, nervous, muscular, digestive, secretory, excretory, circulatory, sexual, and then deduce our conclusions from such observations; in other words, test them in the crucible of our own judgment. We then had added to our means of observation the fever thermometer, and as an addition to what we before had, it *is a valuable aid*. The question occurs to my mind, is not too much reliance being placed upon it? Is it not tending to make less rigid and searching the personal observation of disease? Does it not, in many instances, tend to make a sort of machine doctor? Are not our young men, graduating from our medical colleges, coming forward with illusory ideas, that, with that little instrument in their possession, they can surely be told of the existence of serious disease, and keep positive knowledge of its progress; that if they place the little machine in the axilla, under the tongue or in the rectum, hidden inflammations, destructive structural changes, if existing, will be revealed, and if temperature, as shown by the thermometer, which cannot be deceived, is nearly normal, his patient cannot be in any very immediate danger, either from apparent or occult disease. That is, the inexperienced practitioner, taught to observe and have faith in the latter day revelations of the thermometer, may find his patient presenting symptoms that would be calculated to alarm him, as severe pain, restlessness, fever, anxiety, and other combinations of symptoms, that cause the doctor to think he has a very sick patient; he places his thermometer under the tongue, and anxiously watches for the result; if temperature is not much increased, the doctor feels better, and relieves the mind of his patient by assurances of nothing serious. But, again, the patient may not think himself very sick; the doctor, from his observations, may coincide with the patient, but

tries his thermometer, and a high temperature is recorded. The doctor is anxious, watchful, fearful, and communicates those feelings to his patient. His instrument may register 105°, 6°, 7°, but, to his perceptions, no other indication of serious illness; still, he has had it impressed upon his mind that when his little instrument makes such a record, he must look out for breakers, and he scans the horizon of disease with anxious forebodings. At his next visit, which his sense of duty and responsibility compels him to make as soon as possible; his little self-registering instrument plays a very important, if not the essential part, to his mind, and as he reads its record, his hopes and, fears rise and fall with the column of quicksilver. His patient is soon taught to observe variations of temperature, and enquire, anxiously, "what is it now, doctor?" They formerly asked, "Doctor, what do *you* think of me to-day?" Now, they often ask, "Doctor, what does your instrument record to-day?" and base their own opinions upon the record, and, in many instances, soon think they can run that machine as well as the doctor can. Does not its constant use in this way tend, in the estimation of the patient, or patient's friends, to magnify the results of the use of the machine, and lessen his faith in the mental acumen of the doctor?

I shall not speak especially of temperature as recorded by the thermometer, as a factor in the diagnosis of diseases, as to its record as assisting in distinguishing between scarlet, typhoid, malarial, and other fevers, or detecting inter-current inflammations in those diseases. Such a study would require vast labor, and an infinity of observation. I simply, in a cursory manner, wish to express my idea, that the utility of the thermometer in the hands of the physician is being, by recent writers and teachers, greatly exaggerated, and that the tendency of those teachings is to make machine doctors.

I have a thermometer which I have carried for several years; have tested it hundreds of times, and know that I have a reliable instrument.

It is no unusual thing for my thermometer to record 105° to 108° in cases of sickness, where, to my observation, and judg-

ing by my past experience, there are no evidences of serious, dangerous disease, and the results of those cases have not manifested anything serious. Again, it has been very common occurrence for me to observe symptoms in cases of sickness that cause me to apprehend serious and probably fatal results, and yet my thermometer never, at any time, showed over 100° or 101°, and the results in such cases have shown my judgment right, notwithstanding a nearly normal temperature.

I have frequently had young practitioners, recent graduates, come and see me, very solicitous about a patient they had; they did not know what made the temperature so high, but it was away above the danger line, and they would ask me to go in with them, or visit their patient for them, and see what they had overlooked. The contrary has occurred; they have described their patient's symptoms, and I have cautioned them that they had something serious to deal with, and have been met with the gratifying assurance, "Oh, the temperature is nearly normal, there *can't* be such danger."

If, by any mischance, they did not have their thermometer at hand, on visiting a patient, they almost felt it a dereliction of duty, in, that they were not armed and equipped as the law provides.

This feeling is the natural consequence of the prominence which has recently been given to the use of this instrument. Every description of disease, every report of a case in all classes and kinds of disease, is thought incomplete unless thermometric temperature is recorded, and in very many instances its indications are the controlling influence which governs the expressed opinions of diagnosis and prognosis. My experience, in its applicability, has not taught me to consider it by any means a *sine qua non*. I find such a variety of diseased conditions, presenting such a similarity as to body temperature, that its utility with me, as an aid to differential diagnosis, is comparatively limited, and in prognosis it has not, to any appreciable degree, superseded former methods of determining my judgment.

In conclusion, I will say that, in my opinion, the use of the thermometer, as

now so prominently taught and inculcated as an instrument essential to the physician, without which he is seriously deficient, is assigning to it more merit than it is entitled to; that reliance upon its indications in diagnosis, prognosis, and therapeutics, tends to make machine doctors; that its constant use by the average practitioner tends to make him a less acute observer of other more important and reliable symptoms; that its tendency is to lessen in the minds of the people, their faith in the mental powers of research of the physician who relies upon the indications of a self-registering instrument for his opinions of vital phenomena.

It differs from the ophthalmoscope, laryngoscope, microscope, stethoscope, &c., which are instruments which only the educated and experienced can use, and which are only mechanical extensions of man's special senses, as sight, hearing, &c., and not self-registering instruments of vital phenomena, which will make the same record, whether employed by the ignorant or the learned.

I do not wish to be misunderstood, and considered as opposed to the use of the thermometer. I simply think its utility is being overestimated.

THE HISTORY OF A CASE OF EMPYEMA.

By J. M. EMMERT, M. D., Atlantic, Iowa.

I was called, July 18, 1883, to see H. M. ———, a farmer, 22 years of age. Before seeing the patient, his father gave me the following history:

"He had been in perfect health up to February 24, 1883, at which time he took a severe cold from getting wet. On the evening of the 24th he was taken with a chill, followed by severe pain in the left side, and a high fever: coughed considerably. The next day he became delirious, and he remained so for several days. In two weeks the acute symptoms subsided, but there still remained some fever, and the cough continued. On, or about April 1st, he began to expectorate a thick, yellow matter very freely.

"Previous to this time he had had difficulty in breathing, which soon became so

labored that he was obliged to sit in a chair day and night.

"His strength then began to fail more rapidly; had sinking spells, and felt depressed; appetite fair, and bowels moved each day.

"From the beginning of his illness, up to this time, he had been treated by a physician in the country, who diagnosed Consumption, and told the parents that the boy must die, and that he could do no more for him.

"A homœopathic physician, of this city, was then called; he verified this diagnosis, and treated him about six weeks, during which time the young man became no better."

I found the patient sitting in a large rocking chair. He told me that he had lived in that chair for three months; that he was not able to lie down, even for a moment, and that he had not done so during that time.

The following notes were taken at this visit: Pulse, 124; temperature, $102\frac{1}{2}$; respirations, 30; cough, almost constant, with copious expectorations of pus; complete absence of respiratory murmur over left side of chest; could not even hear a respiratory sound along the left side of the spine; complete dullness on percussion all over left chest, anteriorly, and posteriorly; dyspnœa, constant; measurement from middle of sternum to spine, two inches greater on the left than on the right side; intercostal spaces, bulging; apex beat of heart, under right nipple; swelling of legs below knees, so extensive that they measured more than the thighs; appetite, good; nourishment, fair.

I diagnosed Empyema, and informed the family that the young man could be relieved, and would probably get well. I advised them to bring him to Atlantic, which they did the next day.

July 25th I aspirated the pleural cavity, passing the needle about one inch below the inferior angle of the scapula, and drew off nine pints of pus. I did not empty the cavity, as the patient complained of feeling faint. The cough ceased at once, and for the first time, in months, he could lie down. The temperature dropped from 102 to 99 in forty-eight hours.

The patient felt comparatively well for four days; then the old train of symptoms began, again indicating that the cavity was being rapidly refilled.

July 31st I determined to open up the pleural cavity, and treat the case by washing it out. This was done by making an incision at the point previously selected for aspiration from which there escaped eight pints of healthy looking pus.

There was a fistulous opening into the lung; the air rushing into the cavity with each expiration.

The after-treatment consisted in washing out the cavity with a carbolized solution, about one to twenty. I cleansed the cavity once each day, and after each washing, plugged up the opening with lint, soaked in carbolized oil. During the first few days the daily accumulation of pus amounted to about two ounces. This soon decreased rapidly, and after two weeks' treatment, I inserted the drainage tube, thinking, that by continuous drainage, the secretion would decrease more rapidly. But to my surprise, the quantity of pus was increased, and took on a more unhealthy character. As soon as I again plugged up the opening, the discharge lessened, looked better, and the patient felt better and improved faster.

September 12.—He returned to his home, and his parents were instructed to wash out the cavity once a day, as usual.

Three weeks after his return home he took a severe cold, and suffered for several days from pain in the right side. His father informed me, that during that time the discharge which had ceased, was not perceptibly re-established, the pyogenic membrane apparently having been destroyed. About October 1st the opening in the chest was allowed to close.

The boy, at this time, is in good health, so far as I can learn from other parties, (not having seen him since he left Atlantic, September 12th.) The lung gradually expanded, until the vesicular murmur, although greatly weakened, could be heard, anteriorly and posteriorly, over the entire left chest. The chest wall had sunken but little. I advised him to go through a daily series of gymnastic exercises.

There is one point in the history of the case to which I particularly desire to call the attention of the profession; that is, the increased amount of pus and its unhealthy character, when the air was allowed to freely pass into the cavity. We are taught, by the latest works on practice, that the air entering the pleural cavity is not conducive to injury.

I have no doubt this is true, to a certain extent, but where there is an opening between the lung and the pleural cavity, and there is ingress and egress with each respiration, sepsis is more liable to take place.

GLYCERINE, internally administered (Dr. Tisne, *Gaz des Hop.*), exerts a beneficial effect upon nutrition, increasing the weight and palliating many of the distressing symptoms in phthisis, such as loss of appetite, diarrhoea, night sweats and insomnia. Its action upon the liver is manifested by an increase in the size of the organ and a more abundant flow of bile. It has a diuretic effect, and increases the excretion of urea, the chlorides and the phosphates. The alkalinity of the urine is diminished, and if any pus be present in this it is greatly lessened in amount.—*New York Medical Journal*.

BORN ON A STREET CAR.—A few days since a young woman, a stranger in this city, gave birth to a six months' baby in a street car. The unfortunate girl had come to Louisville for riddance from her untimely burden, and, being inexperienced, took a ride at the wrong time. She was the sole occupant of the car till the baby came. On discovering the added passenger, the driver called in medical aid, and the mother and infant, which soon died, were cared for.—*Louisville Med. Journal*.

QUININE.—Professors Bartholow and Da Costa agree that an antipyretic dose of quinine is not less than five grains every two hours until four doses are taken, or else thirty grains in two or three doses close together. The former believes a small dose of morphine given with quinine is the best thing to counteract the unpleasant cerebral symptoms of the latter.—*Louisville Medical News*.

THE USE OF ATROPINE IN CORYZA.

The power possessed by atropine of diminishing the secretion of the nasal mucous membrane led Gentilhomme to employ it in acute coryza. In several severe cases, characterized by profuse secretions, fever, and difficulty of breathing, which in one case closely resembled asthma, one-half milligram of atropine given in pill form served to arrest the disease entirely. When the disease has passed through the acute stage, its administration improves the general condition, but its effect is not as striking as when given in the acute stage. Lubliski also reports decided improvement resulting from the administration of one milligram of the sulphate of atropine at the onset of acute coryza, and the duration of the disease appears to be considerably reduced by the administration two or three times daily of one-half to one milligram. In chronic nasal catarrh, however, he could not find any improvement resulting from this treatment.—*Deutsche Med. Zeit.*, Oct. 11 1883.—*Med. Times*.

SUPPRESSION OF QUACKERY.—At the annual meeting of the New York County Medical Society, held October 22, the sum of three thousand five hundred dollars was appropriated for use during the ensuing year in prosecuting illegal practitioners. The report of the proceedings of last year showed that the proper officers of the Society had performed their unwelcome and often disagreeable task with satisfaction, and had found, with few exceptions, that they had the co-operation of the court in carrying out the law.—*Medical Times*.

THE Illinois State Board of Health declines to grant licenses to practice medicine to persons who have obtained a diploma by attending two courses of lectures within the same year. A test case appeared in the form of an application for a license to practice based upon a diploma obtained by attending two courses in Louisville during less than one year. It does not appear whether the gentleman passed his examination or not.—*Detroit Lancet*.

CORRESPONDENCE.

MEDICAL LEGISLATION.

In your editorial comments on "MAL-PRACTICE," in the November number; the usual reference is made to the desirability of a law, regulating the practice of medicine and surgery. I may be somewhat heretical in my opinions, but, while not opposing what is apparently the almost unanimous desire of the profession, it seems to me that too great hopes are inspired of the effects of such legislation, hopes destined to be disappointed. We have not yet reached the Millenium, medical or otherwise, and even its dawn is only visible to optimists. Law cannot get very far in advance of the people, and the mass of the people are, to say the least, not very scientifically inclined. Our government is not paternalistic, and, whatever may be the powers called municipal, which, like a too short blanket, cover one part at the expense of leaving another naked, no very successful effort on the part of the law-making power is yet recorded, in the way of protecting the people from their own follies.

The right of people to act foolish, so long as they individually suffer for their own actions, and do not poison their neighbors against their will, with their schemes of quackery, is an "inherent" one, and one which they will not surrender during this century, law or no law. The miracle workers, the prayer curer, the possessor of the mad-stone, the owner of the forty-year-old diploma, who boasts that he has not looked inside of a medical book for a generation, but who has an *invaluable* experience. The individual who talks learnedly about the influence of a spiritually potentialized attenuation of *Cimix lectucarius* upon the vital force of a cerebral cell, the possessor of the vegetable preparation which has all the properties of mercury but the mischievous ones, the stock company, who have a well, furnishing water that will dissolve biliary calculi in the gall bladder; all of these must be excepted from any law regulating the practice of medicine; and the remainder of the shysters will have to get a diploma, to

enable them to continue their work. I doubt if fostering of this kind will promote the interests of the profession. It is useless to disguise the fact, that the worst charlatans, the vilest abortionists, the most systematic knaves, that prey upon the people, can protect themselves with the broad cloak of a diploma. It is well known that one of the fiends that, from under the shadow of the boasted Illinois law, in Chicago, reaches forth for the purses of the young men of Iowa; by making them frantic with his literature concerning seminal emissions, and their results, until they are as ready to do and pay anything, as was the young man at Ames; was once a practitioner of this State, well educated and respected. No law could be found excluding such individuals as the one mentioned in your editorial, unless after some overt act, and there is great probability that the courts would maintain him in his rights (?) until he was convicted of some criminal offense.

So long as the ideas of a large part of the profession are directed towards the attaining of a law for the purpose of protecting themselves from the *competition* of charlatans, they will meet with disappointment, even if they secure a law. Let the medical profession draw its individual members together in a common campaign against ignorance and quackery, jealously excluding from its ranks those who "practice the methods of the charlatans," and unitedly present to the people truth; counsel them to avoid imposture; show them that the life work of each member is given in their behalf; and maintain an uncompromising front towards all tricks of trade and dishonorable practices; and thus placing itself in the line with Truth, Honor, and Progress, wait the time when the frauds and delusions of the present shall have had their last draft on "Nature's Realty" dishonored; and the profession will have earned its proper position without the inconveniences necessarily accompanying legal fostering.

The medical profession of Iowa is not burdened by legal enactments. It is required to furnish certain statistics, which requirements extend also to clergymen and midwives, and is granted certain privilege in

collection of debts, which are extended only to the undertaker.

Individual members suffer from the competition of those who have spent less time and money to qualify them for practice, and of those who pretend to the possession of something they have not. "The charlatan, with his chaise, and four, and unrewarded merit trudging on foot." The recognitions of injustice in the arrangement of affairs, grinds upon many in the medical profession, just as it does upon individuals in all walks of life, but the ablest theologians have vainly tried to explain the existence of evil, and it would be profitless to discuss why the Universal Law, so beneficent in its grand aim, should be so pitiless and unjust in many of its details.

Still, we may believe, that out of this conflict in which the profession is constantly called upon to engage, is constantly arising a better army of antagonists to the inroads of disease, and greater loyalty to the principles of rational medicine.

Let us recapitulate some of the objections to medical legislation :

1st. The influence upon the profession of protective laws is unfavorable.

Through the vicissitudes of medical legislation, beginning with the making of fees for medical services, rendered by those not licensed to practice, non-collectible, then excepting "Thompsonians," then abolishing all requirements, the physicians of New York State have sought State protection and assistance. Getting the State Medical Society incorporated, and lobbying through successive legislatures, appropriations for publishing the Annual Transactions, then witnessing the Pseudo-Medical Societies follow in their path, and publish *larger* volumes of Transactions, they have at last a law regulating practice, requiring the registration of diplomas (College or Curators) to constitute a *legal practitioner*. This new term "*legal practitioner*," introduced into the ethical discussions of New York, has weakened the medical influence of this great center, more than it would, thirty years ago, to have had Mott, Bedford and Clark, at once, join the Philadelphia schools. Today we find many of the profession, and several of the journals of that great city,

truckling to the "*legal practitioners*." Any one at all conversant with the medical profession of New York must recognize the fact that, under the designation, "*legal practitioners*," are included charlatans of every description. The profession of New York would have been better off without legal protection or fostering, working under the natural law of the "survival of the fittest," and such voluntary associations as should constitute medical societies, but which New York has not had for many years. The experience of New York shows that medical legislation leads to professional dissensions, to a breaking down of professional morality, and to the recognition and association with charlatans, and a partnership with frauds, under the denomination of "*legal practitioners*."

2nd. Impairment of individual rights of members.

If once the profession becomes a legally incorporated body, having certain legal rights as a profession, viz: the right to require that all competition shall be by those who possess a *legal* right to practice, (this is usually made to include swindlers of ten years' experience,) then there remains but a step, soon passed, for the legislature to say, that any *legal practitioner must* respond in certain cases to calls for attendance, and *must* meet in consultation, upon demand, any *legal practitioner* calling for his assistance. It would also be within the legislative function to declare what compensation the *legal practitioner* should receive.

3rd. The advantages of a legislative requirement to enter or remain in the medical profession are only apparent.

If it were possible to exact rigid examination of all, and to require re-examination after five years, as in admission to and continuation with the medical staff of the United States Navy; if no equivalents of time, and no diplomas were recognized; if licenses were to be based upon actual knowledge at the time of examination; if the examinations were to be conducted by an impartial and exacting board, then something might be hoped from medical legislation, but it is useless to hope for the passage of any law that will fail to provide for the majority of

the ignorant and incompetent, and make them also *legal practitioners*.

Again, the more stringent the law, the more liable it is to evasion, and if the law drives out a few of the vilest impostors, there will arise numerous individuals with an infallible cure for cancer, *sages femmes*, treatments by letter, and sanitary (?) institutions.

Without desiring to impede in any way the efforts of those earnest laborers for the professional welfare, who are hoping to secure the passage of a law regulating the practice of medicine, I wish to put some of my doubts as to its advantages before them for examination, lest the unconsidered wish of the majority may lead to action, regretted, when too late. FIDE, NON ARMIS.

POISONING BY CITRATE OF CAFFEINE.

Dr. Routh at a meeting of the Medical Society of London, read notes of a case of poisoning by citrate of caffeine. The drug had been prescribed in drachm doses three times a day for the relief of severe headache in a man under treatment for debility. Bishop's effervescent preparation was intended, but the pure drug was sent. Fifty minutes after taking one powder he complained of a burning sensation in the throat, of giddiness; there was vomiting and purging with pain in the belly. He then became almost paralyzed, and was affected with tremors, but his intellect was clear. Dr. Routh found him an hour later collapsed; pulse about 120. Ipecac was given as an emetic, but failed to act; some animal charcoal, with nitrate of amyl and ether, was given. Vomiting subsequently took place, and ammonia, alcohol, and nitro-glycerine were given. For some hours he remained much depressed, and did not rally completely till 1:30 A. M. next day, or nine hours after taking the caffeine. Nitro-glycerine in one minim doses was given every two hours, with digitalis, and in about three days he recovered his former state.—*Lancet*.

RESORCINE IN SIMPLE CHANCRE IN FEMALES.—Messrs. Leblond and Fessiane, in a monograph recently published, claim that

resorcine (a substance obtained by causing potassa to act upon a number of gum resins, as asafoetida, galbanum, gum ammoniac, etc.) is superior to iodoform in the treatment of simple chancre. It has no odor, produces no toxic effects, provokes but very little pain; it causes the cicatrization of simple chancre in about 23 days (the average duration in the iodoform treatment being 38 days). The formula employed by the authors is either the resorcine in powder, or the following solution: R. Resorcine, 5 grammes (75 grains): aq. distill, 10 grammes (150 grains). M.—*Cin. Med. News*.

THE PROPHYLAXIS OF RHEUMATISM.

BY W. B. CHASE, M. D.

Extracts from a paper read before the Medical Society of the County of Kings and published in the proceedings.

It is not the purpose of the writer of this paper to formulate all that might be said concerning the prophylaxis of rheumatism (acute rheumatism,) but rather to offer some suggestions concerning the principles and methods to be adopted for its prevention.

The fact of the direct transmission of this diathesis is everywhere acknowledged.

It is, therefore, evident that, so far as the development of the rheumatic diathesis is concerned, aside from its actual appearance, careful study of the family history for at least two preceding generations will give the best indications as to its probable presence or absence.

As regards measures most efficient in the prophylaxis of this malady, it will be profitable briefly to consider the causes by which it is produced.

Statistics show it is far more prevalent in the temperate zone than in frigid or torrid regions.

Common observation establishes this truth, that in climates like our own, where sudden and extreme changes of temperature are of frequent occurrence, the conditions most favorable to its development are present.

Another meteorological state, that of humidity, and particularly *humidity* with

low temperature, operates as a powerfully exciting cause in its production.

Under the head of prophylaxis the following suggestions are offered :

Persons having had rheumatism, and those of rheumatic parentage, should exercise due caution to avoid extremes and rapid variations of temperature. A very cold state of the atmosphere, if long continued, depresses and impairs the normal resistance of the system. A very heated atmospheric condition, if persistent enervates the system in the opposite manner, and thereby overcomes normal resistance, while changes less marked but rapidly fluctuating operate as powerful exciting causes of rheumatism. The indications are to maintain as far as possible an equilibrium of bodily temperature.

This will be accomplished by avoidance of exposure and proper clothing.

Here, in a practical way, the disciple of preventive medicine will find his true province.

The rheumatic patient should always wear, next the skin, silk or woollen clothing, its weight and thickness being adapted to varying changes of temperature and season. The proper function of the cutaneous system should be carefully watched.

Perfect cleanliness, by baths of suitable temperature, should be enjoined. The normal equilibrium existing between the skin and the function of internal organs must never be lost sight of.

However our theories may run as to rheumatism being caused by sudden suppression of the cutaneous perspiration, sensible or insensible, observation proves that the impaired physiological condition is often succeeded by the pathological state.

Care should be exercised over all the excretory functions of the body, remembering that careful study of the urinary secretion gives, within certain limits the key to the situation.

Diet, and by that is included food and drink, is an important factor in this problem of diathesis and this disease.

To just what extent the use of alcoholic drinks act as causes of rheumatism might be difficult to decide, but that it is a prolific cause there can be no dispute. Reason and

experience both demand moderation, if not absolute abstinence in their use.

As rheumatism is a disease of nutrition, the food ingested must have an important bearing on its development.

If taken in excessive or inadequate quantities, or of a quality not adapted to the digestive power of the alimentary tract, there will follow disorders of nutrition.

It is a well-established fact that in acute rheumatism, especially the cutaneous and urinary secretions are preternaturally acid.

There is now pretty general assent to the belief that the specific poison of rheumatism is lactic acid.

Notwithstanding the fact of the hyperacidity of the secretions in rheumatism, it is unsafe to apply remedies wholly on chemical theories, while, within certain limits, the therapeutical law is well established that alkalies are not only indicated but are of the greatest possible value.

Probably no modern writer has more thoroughly grasped the subject of type in acute rheumatism, or as clearly differentiated its treatment as Barthallow. He designates three types and suggests for each its appropriate treatment. The first type comprises the active, sthenic cases, occurring in persons of robust health, and generally in youth or early adult life, and the treatment most efficient is that of salicin and its compounds.

Second type, cases asthenic, occurring in those who are anæmic and debilitated—often young persons with previously impaired health—such cases he would treat with the *tr. ferri chloridi*.

Third type, obese persons and beer drinkers with flabby muscles and acid indigestion, in which the alkaline treatment brings most satisfactory results.

Keeping in mind these important and very practical distinctions, the probable outcome of further and more accurate observations will establish the fact that, so far as medication is concerned, the intelligent and discriminating use of those remedies, applicable in the several types referred to, will, if timely used, in some good degree act as prophylactics.

Of course, in many cases the onset of the disease is so sudden, no time is found for the trial of preventive measures. With those

who have already suffered attacks of rheumatism in which the prodroma are present and extends over a period of a few days, the watchful eye of the attendant will detect evidences of its approach. Here, to quote the old adage, "Forewarned is forearmed."

It is desirable that as overacidity of the urine is so constantly present in rheumatism, the urine of those subjects to its attack be kept, in health, under constant observation, and should prolonged hyperacidity be present, not accounted for by excessive cutaneous secretion or diminished amount of fluid taken, the use of alkalies be at once resorted to of preferably bi-carb. potass. or some of the salts of lithia.

If added to this condition there are present any of the precursory symptoms of an acute attack, the use of tr. ferri chloride or the salicylic compound may be used according to the peculiarities of the case.

The use of ferrugineous medicines are indicated in those of slender constitution with the rheumatic diathesis, whenever anæmia is present.

Probably most persons of rheumatic antecedents will derive benefit, and thereby reduce the liabilities to its constitutional development, by more or less frequent use of natural alkaline and sulpho-alkaline waters. Farther observation will add to our present knowledge in this particular.

ALBUMINURIA, CAUSED BY PROLONGED USE OF SALICYLIC ACID AND THE SALICYLATES.

R. D. FAIREX, M. D.

Salicylic acid and salicylates, have been frequently prescribed by all schools of medicine for arthritis, gout, phthisis pulmonalis, and a great many other abnormal conditions, administered in moderate doses for a short time, no deleterious effect is noticed, but if continued for a few weeks even in the dose of two or three grains several times a day. We first find it to produce a great many alvine discharges, some times amounting to hypercatharsis, this action may easily be accounted for by its causticity, it acting as an irritant to the mucous membrane of the alimentary canal, it at the same time acts as a corrosive upon the par-

enchyma of the kidneys, disorganizing it gradually but positively, microscopical analysis will demonstrate the presence of renal casts and blood capuscles, and if the urine is subjected to the Nitric acid test with heat we will see albumen in pretty large quantities present. When applied to the sound skin salicylic acid for a short time does not make itself felt, but if retained upon the cuticle for a few days it causes the part to become white and detached, in fact dead, and the skin may be peeled off in one or more patches. Salicylic acid does not undergo any chemical change in the stomach, hence it acts upon the stomach as it does upon the external mucous membrane. It may be found unchanged in the urine, of patients under its influence.

The salicylates of Potassæ, Sodæ, &c., when they enter the stomach are chemically altered. If, for instance, we were to prescribe Sodæ salicylas for a patient it would be changed or chemically altered in the stomach to free salicylic acid, and as the stomach always contains more or less of Hydrochloric acid this acid would unite or combine with the soda and form Hydrochlorate of soda. It is evident from the foregoing, that one should be careful not to "push" any medicine or drug which is chemically unalterable in the stomach, such as bichloride mercury, iodide of arsenic, &c., &c. A hint to the wise is sufficient.—*St. Louis Medical Journal.*

WHAT CONSTITUTES ALCOHOLIC EXCESS?

By HENRY LEFFMANN, M. D.

While a large number of medical men still, unfortunately, hold the view that the regular use of alcoholic beverages is without injurious action on the system, and some even go so far as to assert that such use may be beneficial, none would venture to deny that a limit exists to this indulgence, beyond which no person can escape from such injury as will increase the tendency to disease or actually shorten life. When the profession is asked to put its disapproval upon the indiscriminate use of alcohol, and attention is called to the vast injury done by such use, the reply is that these ill-ef-

fects are the results of excess, and in no wise to be taken as a measure of the action of alcohol in moderate amount. Such was the tenor of the arguments in a recent discussion at the Philadelphia County Medical Society.

It becomes an interesting matter, therefore, to inquire as to what amount of alcohol is unmistakably an excess, and how far the susceptibility to this agent is affected by the differences in surroundings and bodily health.

The rule upon which the allowable limit of alcoholic beverages has generally been established, is the quantity which can be taken in twenty-four hours, without any of it appearing in the secretions. It may be doubted, however, whether we can assert that, because the system apparently uses up a certain proportion of any substance, no injurious effect is produced.

Parkes gives, in his excellent treatise, the limit of less than one-and-a-half ounces of absolute alcohol during the twenty-four hours. With quantities in excess of this, some will appear unchanged in the urine, and the system will exhibit signs of alcohol narcosis. To convert this into approximate equivalents of the common beverages, is easy. Brandy, whisky, rum and gin contain about one-half their volume of alcohol; wines vary from one-tenth to one-fifth; some samples are below and some above these limits; beers contain about one-twentieth. An article sold in Philadelphia under the name of Bohemian beer is still weaker, containing only about two per cent. of absolute alcohol. From this, it will be seen that the safe limit of the use of these different beverages will be about two ounces of the stronger spirits, five to ten ounces of wine, and twenty-five ounces of ordinary beers.

The quantities here given will, however, be subject to considerable reduction when we take into consideration the variations in the habits and constitution of different individuals, and the exigencies of modern life. It is generally conceded that, in this country at least, over-feeding is a common fault; and if this be so, any alcohol taken must be in excess of what the system requires, unless the alcohol is made to supplant some

food. Such substitutive use of beverages, however, is not the common practice. They are taken either at the close of full meals or in the intervals; the indulgence in the latter case not being in any sense from the promptings of hunger, but the result of an acquired appetite, or a fancied social obligation. Further, it must be noted, that the limit laid down by Parkes and others applies to a period of twenty-four hours; the life of each individual is such that only about three-fourths of this period is utilized, so that unless the use of alcohol is carefully distributed, the quantities which can be taken will have to be reduced by about twenty-five per cent.

The limit is still further reduced by the condition under which clinical authorities permit the use of stimulant beverages. In papers read before the Philadelphia County Medical Society in 1881, by Drs. H. C. Wood, Roberts Bartholow and Wm. Pepper, it is asserted positively that alcohol should only be taken at meals, and very much diluted. Dr. Pepper says the beverage should not contain more than six to ten per cent. of absolute alcohol. He further points out that many persons cannot safely use alcohol at all, on account of special susceptibility of the stomach, or a tendency to a gouty condition. It must also be admitted that all individuals who habitually eat full amounts of nutrition ought not to use alcohol. The necessity for using the liquor diluted will also exercise an important influence. If one ounce of absolute alcohol is permitted, it must be diluted to not less than ten ounces; this would make the bulk of about two tumblerfuls of liquid, and if other liquids, *e. g.*, water, coffee, or tea were taken at the same time we would have an excessive quantity of liquid food. The quantity of diluted alcohol should, therefore, be cut down.

We must not forget that the usual beverages contain other substances of decided physiological and even toxical action, so that, for instance, while one ounce of pure absolute alcohol might be safely taken into the system, a quantity of brandy, wine or beer which contains this amount, would have accessory constituents which would make it injurious. The limits established would

permit a healthy man, without special gouty or dyspeptic tendency, and partaking of food in moderation, to use about half a tumblerful of whisky, very much diluted, or about two glasses of beer; these amounts to be used only at meals, and not then, if the quantity of food is fully sufficient to satisfy the appetite. The taking of these beverages in the intervals between meals, under influences of social life or acquired custom, must be regarded as instances of alcoholic excess.—*Polyclinic*.

A writer in the *Chemist and Druggist*, gives an interesting account of pharmacy in Vienna as compared with London. Among other things he tells us that sixty-four pharmacies supply the wants of over one million one hundred thousand people in Vienna. In London the proportion of pharmacists is four times this.

At the clinic of the Vienna General Hospital there are three classes of patients, the pay patients, the poor patients who give thirty kreutzers a day and the destitute patients who cost the government thirty kreutzers a day. Of these only the in-patients receive their medicines from the clinic, the others receive a prescription and get their medicines from the outside druggists.

The physicians are not allowed to give their patients medicines and the druggists are prohibited from counter prescribing.—*Detroit Lancet*.

SALICYLATE OF BISMUTH IN TYPHOID FEVER.—Dr. Dicplal, says the *American Journal of Pharmacy*, after long experimentation with various salicylates in typhoid fever, has found the salicylate of bismuth the great desideratum. In his experience it has even had a marked abortive action. Out of twenty cases reported by him, eleven treated in the first stage were able to be about in four or five days under the free use of salicylate of bismuth. The ordinary dose is about a scruple. This was repeated, so that the daily quantity taken should equal about six grammes.—*The Medical Bulletin*.

SOCIETY REPORTS.

NORTH IOWA MEDICAL SOCIETY.

[For the Iowa State Medical Reporter.]

Our Society met in Masonic Hall, at Postville, Iowa, on Friday, December 7, 1883. Our President, W. C. Lewis, M. D., of Clermont, Iowa, presided.

A very able and exhaustive paper was presented and read by P. M. Jewell, M. D., Ossian, Iowa, entitled, "The Treatment of Abortion with Retained Secundines."

The Doctor advocated the removal of the secundines, if necessary, by means of the curette, and urged that this removal be made thorough; he also advocated the cleansing of the uterine cavity with a hot carbolic acid wash. The Doctor also exhibited some very interesting pathological specimens from a recent case of hip-joint disease.

L. Brown, M. D., of Postville, Iowa, read a paper, entitled, "Observations on Shock and some of the Perils Attending Surgical Operations." He also reported a case of "Pott's Disease" of the spine, in which he gave history and treatment. The latter, commenced a year and a half ago and was just completed. The patient, a little girl, five years of age, at the commencement of the treatment, was in a condition approaching helplessness; she could not walk and was fast losing control of her bladder; caries had set in. The plaster of Paris jacket was applied while the patient was suspended in the manner originally done by Sayre, of New York.

At the present time, the child is strong, well, hearty and robust. All her functions are perfectly performed and the disease is arrested.

Improvement commenced from the beginning, and was uninterrupted throughout the course.

The Society discussed the subject of puerperal convulsions. The general tenor of the opinions expressed, favored the use of morphia hyperdermically, anæsthetics, and in certain cases, venesection. The Society adjourned to meet at Postville the first Wednesday in June, 1884.

THE IOWA State Medical Reporter.

DES MOINES, DEC., 1883.

EDITORIAL.

"MEDICAL LEGISLATION."

In this issue of the REPORTER, and under the *nom de plume* of "Fide non Armis," we publish the views of a correspondent, who says of Medical Legislation: "While not opposing what is apparently the almost unanimous desire of the profession, it seems to me that too great hopes are inspired of such legislation; hopes destined to be disappointed."

From this text, our writer presents his reasons in a clear and easy manner, interwoven, probably to make them more pointed, with a little satire.

We are glad to be able to present these views to our readers. While we admit, that the facts presented are in the main true, we differ from our correspondent, and believe that the proper kind, and amount, of legislation, will have as much restraining, protecting, and correcting power, when applied to the practice of medicine, as when applied to any other subject.

Hoping to hear from some one, or more of our readers, who agree with us, we shall not attempt, this time, to detail our views further than to give a few brief reasons for our difference of opinion.

That legislative laws have been enacted, and successfully enforced, to the great relief and benefit of the public, is indisputable; also, that under these laws, well

defined swindling, by false pretences, has been largely controlled.

That the past experience of medical legislation has been unsuccessful because of its misapplication, is the last of our three reasons; and also, the only one that requires any explanation. We are aware that legislation cannot give to copper or brass the intrinsic value of gold. Yet, after a proper test has been made, it can stamp upon the face of each of these metals their intrinsic value.

As we are not dealing with simple metals, but with alloys, it is evident that proper care and selection can raise the intrinsic value.

This principle we believe to be the key to proper medical legislation. We should first make our material worthy of the stamp, representing a standard, or fixed value, rather than to attempt to make inferior material of equal value, by giving it the same stamp.

Thus, if each medical man should receive a stamp according to his true worth, protection, competition, charlatanism within the ranks, and all the other objections, set forth by men who take the position of our correspondent, would cease to exist, except, possibly, that of making them "legal practitioners," and this, under these circumstances, would become highly desirable.

This stamping process, we believe, should be the true object of medical legislation, making no "legal practitioner," in the sense of equality, but giving free medicine under its proper names.

This, necessitates a standard, possessing the highest intrinsic value, with the several lower grades.

PAUPERISM.

Through the era of civilization this canker has been a blot on the prosperity of all the social aggregations of mankind, and furthermore, it probably will not disappear this side of the Millenium. Its causes and relations are deeply seated, and, in fact, they underlay its opposite extreme, prosperity, wealth, and progress.

Its arrest is impossible, as the laws which control and regulate its continuation and propagation are absolutely inflexible and will continue to be, until the strife, competition and struggle for a subsistence, a success and a surplus, shall cease.

Recognized pauperism, as found under one or more of these conditions—with or without contentment, suffering, ignorance, and crime — presents various phases which will admit of a lawful, although superficial classification. First, those who have been left by their competitors, that were stronger in physique, intellect, and perseverance. Second, those who never entered the race—the indolent ; and, third, those who have been overtaken by misfortune.

If from no other motive, self-protection will always stimulate and obligate all social communities to seek out, aid and care for this more or less dangerous class.

From the nature of the immediate causes for the production and sustenance of a pauper class, it is easy to understand that their numbers may be recruited from all classes of society, as well as from their own reproduction.

Recognizing the certainty of its causes, its existence, its propagation, and its care,

we make the restriction of its members and the suppression of its associated evils the only self-motive ; philanthropists add, amelioration of its sufferings. Pauperism, once seen in its abject condition, needs no definition ; yet, in its most abject condition, it lives only by comparison. To limit these comparisons by an abrupt line that shall say, here pauperism begins, is impossible, although we meet daily the different degrees of the same circumstances or conditions ; some of these are designated by a name, less degrading.

Successful care and treatment, to lessen the thing itself, and to combat its associated evils, must recognize all these different degrees and their destructive qualities.

The age of barbarism having passed away, and with it the custom, to destroy or leave to their fate all who are unable to care for themselves, we must, therefore, care for this indigent class.

Unfortunately, when the barbarous ages passed away, they left with us some of their fanaticism, and this, mingled with misdirected efforts, ignorance, unconcerted action, and a failure to grasp the most important elements respecting its growth, and the suppression of its vices, has made but little progress in the right direction, while it has relieved temporarily a good deal of suffering

In the face of these facts we should understand the conditions, and dangers, and the objects ; an elaborate detail of these would require volumes.

Briefly, without explanation, and to the point, Iowa has a large and growing class, dependent wholly, or in part, upon pub-

lic or private charity, and conforming exactly to the above conditions.

No one feels the weight of pauperism more than the physician who meets the demands of his charity practice. The burden, of this self-assumed duty, is too often increased by the demands of the subscription paper upon his purse, and by those of the public committee work that are imposed upon him in the form of health officer, or guardian of the poor, and without official powers other than an informal public demand.

To the profession of Iowa, pauperism, should present two very important subjects for consideration: One, an equitable equalization of this self-assumed and imposed charity work. The other, the manner in which care, or charity work, shall be distributed among the pauper classes in order to do them the greatest good, and the least harm.

The first, brings us directly in contact with the subject of fees.

It is our object to furnish an article upon this subject, from some one, in the near future.

The second, we are promised will be laid before our readers in our next number, and by one who has been accumulating material throughout the State for this purpose.

PAINLESS TREATMENT OF CONDYLOMATA.
—Dr. Nussbaum recommends the treatment of small condylomatous patches on the penis by daily washings with salt solution followed by the sprinkling over them of calomel powder. Solution of corrosive sublimate in collodion, which acts more quickly, gives rise to much pain, and requires rest in bed. The proposed method is not new, but has fallen into unmerited disuse.—*Practitioner.*

REVIEWS.

THE DISSECTOR'S MANUAL. BY W. BRUCE CLARK, M. A., M. B., &c., AND CHARLES BASSETT LOCKWOOD, F. R. C. S. H. C. Lea's Sons, Philadelphia; 16 mo., 390 pps.

The reviewer has had seven years' experience as a demonstrator of anatomy, and thinks that he appreciates the needs of both the teacher and the student, and, for the first time, hails a work of practical value for the dissecting room, which, with brevity, supplies the students' needs, and aids the labors of a demonstrator. Few students appreciate the value of work in the dissecting room, or the way in which this work is to be valuable to them. Too often it is a disagreeable task to be performed, or an assistance, in memorizing the teachings of the professor of anatomy, or a preparation for quiz, and examination; and in response to this last demand on the part of students, many manuals have been prepared, and are in use, worthy of no better title than that of "cram-books."

No one will question the statement, that the true purpose of dissecting, is to qualify the student for practical work in his profession, for diagnosis of variations from the normal, more than for operative surgery, just as the recognitions of abnormal conditions, are of more frequent occurrence than operative attempts for their relief.

This little book cannot, of course, take the place of Gray and Holden, but in the best possible way it points out to the student how to prepare for dissection, how to dissect, and how to reap the greatest benefit from the work.

Especially valuable is its constant presentation of land-marks, and the few cuts and diagrams it gives are for the purpose of illustrating topographical anatomy. We are well satisfied that for the students' use, in the dissecting room, for the demonstrator's use, and, as a reminder of past work, for the busy practitioner, it is of inestimable value; while not voluminous, like Holden or Ellis, it is what it purports to be, a guide for the dissecting room. The writer speaks thus warmly in its praise because he has

long recognized the assistance such a work would be to students.

There are some things in the work which might mislead, however, and brief attention may be given to these. "Sharpening Scalpels;" the illustrations and descriptions are evidently by those who have had some one to sharpen their knives for them. The directions to draw a scalpel from heel to point upon the stone, and to hold the blade flat, so as to make the wear of the stone extend equally on the surface of the blade, are both bad. The scalpel cuts better when the (imaginary) serrations are set backwards by pushing the blade from point to heel, and the scalpel rapidly becomes nicked (if of good steel) when drawn to an edge by laying the blade flat. A blade of the thickness of a razor, on its back, could be successfully sharpened in the way the author describes, but a scalpel of ordinary thickness will receive a better edge, and much easier, by doing the grinding, as is done by the best instrument makers, on a surface about one-sixteenth of an inch in width, or on a thin blade still less. The writer has found it necessary, from the frequent damage to instruments in transportation from Chicago, to learn how to put a good edge on all kinds of knives, from an ordinary scalpel to a Graefe cataract knife, and speaks advisedly.

The directions in reference to preservative injections, and injections of arteries with colored material, might have been edited on this side of the Atlantic with advantage. The artery taken for injection (the aorta or femoral) is not the one usually used in this country, the common carotid presenting decided advantages for anatomical or embalming purposes.

C. M. H.

"A PEOPLE WITHOUT CONSUMPTION."—Such was the remarkable title of an essay written by Dr. Wright, of the Cumberland plateau, read before his county society. The doctor has practiced in the region throughout a generation, and in his assertion of fact touching the entire absence of consumption, he is supported by the testimony of about twenty other physicians of standing.—*Medical Monthly*.

DISTILLED WATER FOR EYE-LOTIONS.—In the London *Practitioner*, Dr. Paul M. Chapman takes the ground that distilled water is not, in all cases, the best vehicle for eye-lotions. He says, "I have tried the experiment on myself and on many of my friends, and the answer is always the same; viz: 'that the introduction of distilled water into the eye is attended with much discomfort and smarting, while with normal saline there is no noticeable effect whatever. * * * The practical deduction is this, which I have also verified, that the addition of two grains and a half of chloride of sodium to the ounce of distilled water renders any lotion intended to be of a soothing character much more beneficial.'"—*St. Louis Med. Journal*.

PLEASE don't forget the Medical Editor during the holidays, but send in your subscription, so he can be happy and can meet his New Year obligations on the *Monthly*.—*New England Med. Monthly*.

The above request fits us so well that we have decided to adopt it. We hope that our anticipations will not be disappointed, and that we will receive such liberal support, that in accordance with our original intention, we may increase our volume.

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IOWA STATE MEDICAL REPORTER,
Des Moines, Iowa.

Insurance statistics, compiled from official sources, show that the Burlington Insurance Company possesses the largest amount of assets to liabilities and does the largest business of any fire insurance company in Iowa.

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IOWA STATE MEDICAL REPORTER.

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No. 7.

ORIGINAL ARTICLES.

SUICIDE.

BY JENNIE M'COWEN, A. M., M. D.

From the President's Address at the Annual Meeting of the Scott County Medical Society, January 3, 1884.

As one of the objects of a medical organization is to "improve the health and protect the lives of the community" would not the growing frequency of suicide in our midst, suggest the propriety of undertaking a study of this mode of death; of the laws by which its manifestations are governed; of the causes tending to its steady increase, and of the possibility of increasing deterrent influences.

While it has legal and moral aspects and is largely a question of social science, it has also a medical interest and with more than one of these questions of social science, the more critically it is studied, the more apparent becomes its relations to the medical profession. I am unable to give you an extensive consideration of the subject, but trust the presentation of a few facts which were accessible to me, may not be wholly without interest.

While the subject in all its bearings has been carefully studied in foreign countries, it has received but limited attention in the United States, and we have, as yet, scarcely sufficient data to render our generalizations entirely trustworthy. As approximations toward the truth, however, they are interesting and instructive.

Dr. Lee of Philadelphia has recently

given to the profession some statistics on this form of death, for the decade, 1871-1881. He states, that of the causes of death in the city and county of Philadelphia requiring a coroner's investigation, during that time, 639 were suicides, a ratio of 53 suicides to every 1000 inquests.

He did not find, however, that this form of mortality bore any constant relation to the total population, there being marked variation in the number of suicides during different years of steady increase in the population. A striking fact in his tables, is the relative frequency as to color, there being but *eight* colored suicides out of the whole number for ten years, less than $1\frac{1}{4}$ per cent of the total mortality. Male suicides exceeded female as 5 to 1. He found this mode of death, to follow the rule of mortality tables in general, adults being in excess of minors. Among men the greater number occurred between the ages of 30 and 40, among women between the ages of 20 and 30.

Our observations on the influence which meteorological phenomena may exert in determining the amount and frequency of mortality, he concluded to be neither accurate nor complete enough to be of any real value. The frequency of self destruction is undoubtedly greatest in the Spring and Summer months. In ordinary forms of mortality, July presents the highest death rate, and November the lowest, but in the mortality from this cause, he found May at the head of the list with January at the bottom.

Mr. Clark Bell, of the New York Medico-Legal Society, in a recent paper on the subject, arrives at conclusions not differ-

ing essentially from these. His estimates are based upon the statistics of New York City and county for the years 1880, 1881, 1882. He found a steady increase in the number of suicides from year to year keeping pace with the increase in population; greater frequency during the Summer months; the proportion of men to women as 3 to 1, and that more than half the total number were Germans.

Guernsey in his brochure on Suicide, deduces from the census returns interesting facts relating to the comparative frequency of suicide and homicide. In the eastern states, he finds suicide about six times as frequent as murder. In the western states, a larger proportion of murder and about two-thirds less of suicide. In New York and New Jersey suicide is about 3 to 1 of murder; in Pennsylvania, about 2 to 1. The proportion of suicides to murder is always in excess in all countries, from which he concludes that man is literally his own worst enemy.

Prison statistics show a very low percentage of suicide among criminals which, however, may be partly accounted for, perhaps, by the lack of opportunity. In striking contrast, also, with the increase of suicide in the world at large is the small proportion in hospitals for the insane. The number of persons who enter asylums with suicidal tendencies is given at from 15 to 25 per cent of the admissions. The asylum espionage, however, is so complete as to largely prevent the consummation of the act. Statistics of American hospitals for the last 150 years show that death by suicide has been less than 1 per cent (.9) of the total mortality. Statistics of English hospitals for the year 1880, indicate that the number of deaths by suicide constituted something over one-tenth of 1 per cent of the total mortality. At two of our large hospitals, Utica, N. Y., and Newberg, Ohio, statistics covering the last 17 years, show that at the former, over 2 per cent, and at the latter over 3½ per cent of the total mortality is from suicide. The significance of these figures lies in the fact that these two hospitals take the lead in this country, in advocating restraint for the purpose of preventing suicide, self mutilation, etc.

It is believed that the diffusion of education increases suicide, and statistics are adduced to prove that the most highly civilized nations and the most highly educated classes, are the most frequent subjects of it.

According to Legoyt, Germany heads the list with 261 suicides to each million of inhabitants; Denmark has 257; Switzerland 215; France 160; England 69; United States 40; Russia 30; Italy 27; Ireland 21; Spain 17.

Dr. Liebman speaks of the preferences of different nations for certain methods of committing the act. In Germany, of every 100 cases of suicide, 64 were by strangulation; in Austria 47; in Hungary 60; in Denmark 77; in Russia 73. Second in favor to strangulation stands drowning. Poisoning is the method preferred in Ireland and Italy. Suicide by means of charcoal fumes is more frequent in France, and especially in Paris, than elsewhere. Among the Jews, the fashionable mode of committing suicide, from time immemorial, has been that of throwing themselves from the housetops. In Japan the victim disembowels himself. Among the North American Indians, the practice is confined chiefly to the squaws, and is by hanging. It is said they have a tradition that in the spirit world they are forced to drag the fatal tree about with them forever, hence always select the smallest one which will answer the purpose.

In Dr. Lee's statistics, almost one fourth were by hanging; shooting is second on the list and its frequency is attributed to the prevalent habit, in this country, of carrying fire-arms. The large number from poisons of various kinds being almost another fourth, he ascribes to the laxity of the laws governing their sale and the indifference of druggists in the matter.

Prominent among the causes assigned as a satisfactory reason for self destruction, is sorrow, reverses of fortune, physical suffering, domestic trouble, hindered passion, and insanity.

In the experience of European observers, suicide occurs most frequently in the single, but in this country the proportions

are reversed, 68 per cent being married. Authorities differ, also, as to the influence of climate, some statistics seeming to prove the generally accepted theory that in cold climates its frequency is diminished, others being directly the reverse, as in Switzerland where the minimum is in the southern cantons.

There has been much diversity of opinion in various ages and in different countries as to the estimation in which the act of self destruction was held. In some of the oriental countries, it is not a crime, indeed, under certain circumstances, it is esteemed meritorious. In China, and Japan, dating back for thousands of years, it has been a favor to allow the condemned criminal (capital punishment there extending to the slightest offenses) to be his own executioner. Guernsey cites that in the latter country, when an official has committed an offense, or even when there has been in his department a violation of law, although beyond his power of prevention, he anticipates his fate by self destruction, thereby saving his property from forfeiture and his family from death. With many of the high officials it is a point of honor thus to kill themselves on any failure in their departments, a custom, which, if introduced here in similar cases, he thinks might perhaps conduce to a more faithful administration of public trusts. In India the voluntary burning of widows on the funeral pyres of their deceased husbands, and self immolation under the car of Juggernaut, has but recently been prohibited. The Mosaic law contained no penalty against suicide, although public opinion was unfavorable to it. We may infer that it was infrequent from the fact that but two suicides were mentioned in Biblical history, the first case being that of Saul 1005 years before the Christian era, who, with his armor-bearer, preferred self destruction to falling into the hands of the enemy.

The stoics taught that man had nothing to fear beyond the present life, that the dignity of his character demanded that he regard death with indifference; that he had a right to hasten it at his pleasure and that the dread of servitude, sickness, or any other calamity was a sufficient cause

for so doing. The platonists, however, denied this right and maintained that the soul could not legitimately be released from the custody of the body, but at the command of him who gave it. Pythagoras forbade men to desert their posts without an order from their commander—God. Aristotle condemned it as an injury to the State. Virgil graphically depicted the woes of the suicide in the future life. Cæsar, Ovid, and others admitted that under certain circumstances, life was to be *despised*, but true courage demanded that it be *endured*.

The first Roman law against suicide was promulgated during the reign of Tarquinius Priscus, 600 years before Christ. In order to stop self-destruction among the soldiery, who imagined themselves disgraced by being ordered to servile tasks of making drains and common sewers, the King ordered the bodies of all self-murderers to be exposed on crosses in the public places, which effectually put an end to the epidemic. About the middle of the fifth century the council of the Arles denounced suicide as the effect of a diabolical possession, and ordained that no religious rites were to be celebrated at the tomb of any one taking his own life.

In the sixth century, the canon law made suicide and attempting suicide infamous; declared that such souls could never enter paradise; and their bodies should not have the usual burial service. These provisions, with minor variations, gradually became prevalent over the whole of Europe.

About the middle of the thirteenth century the King of France originated confiscation of property, this being regarded as due the State in compensation for the loss of the subject. Beccaria, however, later called attention to the fact that the subject who committed suicide, was less of a loss in two senses, than if he had quit the country. In the former case he leaves all his substance behind him, but in the latter he carries his property out of the country with him; and as the strength of society is in the number of its citizens, he who quits one nation to reside in another becomes a double loss. And he argued, that as there was no *crime* in the

latter case, it should not be so esteemed in the former.

The act of self-destruction, however, has been very generally recognized the world over, as a crime, the leaders of the church regarding it as falling within the range of the command—"Thou shall not kill." The Koran, also, says: "Thou shall not take the life thou canst not give."

No little difficulty, however, has been experienced in framing laws for its punishment or prevention. It has been argued that it was a crime which did not admit of penalties; that the true culprit could not be reached; that anything inflicted on an insensible dead body could not, properly speaking, be punishment, neither were penalties visited on the innocent family either just or humane. It is evident that something more powerful and different from legal measures are required to deter men from its commission.

The relations of suicide to testamentary capacity and the various aspects of the question bearing upon life insurance, are medico-legal questions of much interest.

In the present status of medical knowledge upon the subject, relations between suicide and mental unsoundness, and how far the causes of suicide may be objective, are more properly, perhaps, matters for further study and observation, rather than positive assertions of opinion, without sustaining evidence.

The vital question, however, is that of prevention. What influences can be brought to bear to deter the individual from the commission of the crime, and to protect and preserve society from its ravages?

Although sanitary science is yet in its infancy, it is claimed that during the last fifty years, by a general diffusion of knowledge of hygiene and the application of sanitary laws, the death rate has steadily declined; that sickness and mortality has been in that time reduced *one-fourth*; and while we are twenty years behind our colleagues across the water, yet in those of our cities and towns which have given attention to the subject, the fruits are already beginning to appear.

In view of these facts, are we not justified in hoping that something may be

gained by turning a due share at least of our attention to the unpromising fields of insanity and suicide. From the unprecedented number of suicides and attempts at suicide, reported by the daily press, one might almost suppose, as has been suggested, that we were going through an epidemic. In any case, it is clear, that exceptional opportunities are offered for study and observation, and if we improve the opportunity we shall undoubtedly be able to add something to the sum total of medical knowledge upon this subject.

Davenport, Iowa.

ANNUAL ADDRESS.

BY DUDLEY S. BRAINARD, M. D.

Annual address read before Mitchell County Medical Society, January 16, 1884, by Dudley S. Brainard, M. D., the retiring President.

Mr. President and Gentlemen of Mitchell County Medical Society: I find myself called upon to address you as retiring President of your honored Association. When I look over the past twenty-three year's history of your Society and recall the names of those who have so well filled the presidential chair, and have addressed you on previous occasions, it is not without a feeling of unfitness that I stand before you to-day.

It is necessary gentlemen, for the advancement of medical science, and the benefit of each other, that we have these associate meetings. Those of us who have had the privilege and pleasure of attending the American Medical Association can recall the great interest manifested by that body in their work, not only for the medical profession and the advancement of medical science, but for the interest of the entire human race. It is the true view; and we as an association, are one of its numerous branches. Therefore, though small, let us do our part towards its support by an interest in all its workings, and by an adherence to our National Code.

One of the larger branches has been plucked, and by transplanting and the desired support of numerous pathic props, is trying to exist alone; not, however, without the loss of many of its best mem-

bers. Within the past few years, gentlemen, our profession has taken great strides forward, and has become strengthened and honored thereby. We have, each year, new and varied instruments and appliances presented to us; greater and more important surgical operations are being performed; our hospitals are better and more numerous; are better equipped; and their medical and surgical work facilitated by the unity of co-operation of all connected with them.

A society of physicians of our insane hospitals has been formed, thereby furthering the advancement of, not only the construction of asylums, but the study and treatment of nervous and mental diseases. Recently there has been formed the American Clinatological Association. Our State Boards of Health are to call a meeting of Secretaries of all State Boards in Washington, in May next, with a view to organizing a section for State work in the present Association, or the formation of a permanent separate organization, especially adapted to the needs of State Boards of Health.

The journalism of our profession has taken first rank, and with our numerous weeklies and monthlies, we are supplied with the latest medical news, not only of our own land, but of our brethren across the water, who, by the way, are proud of the existence of a medical daily.

Our influence, as a profession, is being felt the world over, as we are reaching out a helping hand to those who have no knowledge of the art of surgery, but little of medicine, and none of God. By our representatives, and the co-operation of missionaries, we are giving those people help, both to body and soul. In Pharmacy we are also making advancement, new discoveries are taking place continually and our crude drugs are being presented to us in a concentrated and more palatable form. The time has come gentlemen, when, if we would be honored members of the medical profession, we must be working members. Our Medical Colleges, realizing the laxity of some of our medical schools, and their low standard of medical education, are putting forth their efforts towards a more thorough fitting of all students, for the noble work before them. We should look

with pride upon those schools that are establishing a more thorough course of study. Many of our States, through the influence of County and State Medical Societies, are enacting laws for the protection of the people against the quackery and pretention of to-day, by examination and registration of all physicians who propose to practice medicine within their borders. As State after State is falling into line in this just work, let us hope that Iowa may be successful in the attempt that she is making in the enactment of medical laws for the protection of the people of the State. It is to be hoped that our present Legislature may take prompt action in this matter; and that we may have a law against quackery such as we hope to have against the evils of intemperance.

It is not to be expected that every medical man can vie with the best; some may miss their calling, and though they may have a through medical education, may not make successful practitioners. Yet the foundation of a man's fitness to practice medicine must be based upon his medical education.

Quackery presents itself to us in other forms. It comes in the form of patent medicines which are sampled out with circulars giving glowing accounts of success but none of failure, many of which are a steal from medical science. No sooner do our chemists discover a new and valuable element than our venders place it before the world and sample it to the medical profession as a remedy, not only for the diseases for which it was intended, but for all allied diseases, and thus a valuable discovery has been used for evil.

We have another form by which quackery is presented to us more diluted. It is the trade-marked drugs of our manufacturers. Better that a drug be known by its pharmacuetical name, rather than that some manufacturer should be allowed to trade-mark the drug for self protection, then vaunt it before the profession as a superior article, and put it up in sized packages well wrapped in printed circulars so that when once prescribed by the physician it remains open for duplication. It is not, gentleman, that I would seek protection to ourselves, for we are

able to choose what form of drug we prefer to use, but for the people, who are deceived by the patent, and the duplicity of the trade-marked drugs.

Let us, gentlemen, as humanitarians, use our influence against all forms of quackery. Many of our patrons may think that we talk in self interest, but were I before an audience of my patrons to-day, instead of a society of medical brethren, I would say that we are not the ones most injured. It is the people who suffer the expense, care, and even the loss of dear ones, by the use of such nostrums. Frequently, when too late, the physician is called, who, because the case has not a successful issue, receives unjust censure.

We have the means for the suppression of medical vices. Let us keep aloof from patent medicines, and so far as possible set aside trade-marked drugs. Let us not prescribe manufactured compounds by the packages, for in so doing we cause our patrons to duplicate to the injury of both physician and patient. Neither let us patronize druggists who make a practice of duplicating prescriptions when not ordered to do so. When prescribing it is better to ask the patient to call again when the medicine prescribed is taken; "physician himself."

Medical journal advertising is becoming a channel whereby injury is being done both to physician and patient. We have a new journal on diseases of children, established on the basis of no advertisements. God speed its work. May other journals see its wisdom and omit such advertisements as are damaging to the honor of the profession.

Before I close let me say that during the past year has occurred one of the great events of medical history. The body of the illustrious Harvey has been raised and with its leaden case placed within a sarcophagus by the Royal College of Physicians. In the Report of the American Medical Association on Necrology for 1883, are the names of many of the honored members of the profession. In the latter part of the year occurred the death of our illustrious Sims, who, through careful research and study, linked with indomitable courage, built for himself an honored name. We, as an association, have great reason to be

thankful that, during the past year, death has not singled out any one of our number, but that we have had the privilege of all meeting together once more. We are now about to part. May health with all its attendant blessings be granted each and all is the wish of the writer.

REPORTS OF CASES.

RETENTION OF URINE.

BY H. R. PAGE, M. D.

PATIENT, Mrs. K., age about 35, average build, married, borne six children. At my first visit, January 1, 1884, I found the following conditions: Complete rupture of perineal body, rectocele, cystocele, and prolapsus, in the second degree, of the uterus, in the third month of pregnancy, with partial retroversion. The uterus was retained in this abnormal position by firm adhesions on all sides. These existing conditions caused the cervix to press upon the urethra with sufficient force to produce complete retention of urine.

No intelligent history of the primary cause could be obtained from the patient or her friends. I also found, that uremic poisoning existed to such a degree as to produce delirium, and that the matter passed by the bowels was fluid, mixed with fecal matter, having a strong smell of urine.

At this visit, there were *three gallons* of fluid drawn from the bladder. After this, she was seen twice daily, for ten days, for the purpose of relieving the bladder, the quantity drawn, varied from three quarts drawn at the first visit, to one at the visits made at the tenth day. From this time to the fifteenth day, she gradually recovered the power to pass the urine, which, at this time was normal in appearance.

Des Moines, Iowa.

NEW JOURNAL.

WE have received a copy of the *Archives of Pediatrics*, a new monthly devoted to diseases of infants and children. It is supported by a strong list of contributors who carry the assurance of a successful future. We take pleasure in recommending it to our readers.

SOCIETY REPORTS.

THE IOWA CENTRAL MEDICAL ASSOCIATION.

THE annual meeting of this Association held their session at the parlors of the Tremont House, January 8, 1884. The President, Dr. H. L. Getz, of Marshalltown, called the meeting to order. After the reading of the minutes of the previous meeting, the regular order of business was transacted.

The following officers were elected for the ensuing year:

President—Dr. Charles Reiterman.

Vice-President—Dr. Wm. B. Kibby.

Secretary and Treasurer—Dr. Harriet Conniff.

Censors—Dr. H. L. Getz, Dr. J. Lang, Dr. Rosa Upson.

Dr. Getz delivered the President's annual address, entitled, "Medical Issues of the Day." In this he sharply criticised the reasons given, by the New York Medical Society for a change of the Code. He urged the profession to be lenient and liberal in the construction placed upon it (the Code), when consultations were required in out of the way places, and in localities, where competent physicians or surgeons could not be induced to locate; he also pointed out the gross inconsistency in the pretended consultations between Regular and Homeopathic physicians.

The Doctor advocated, and hoped that he might see added to article I, section 3 of the present Code, a clause, not only *permitting* a physician, to give on his card, the name of the Medical College at which he graduated, the city in which it is located, and the date of his or her graduation, but making it obligatory. His reasons for advocating this addition to the present Code, were:

First. To enable the public to select intelligently, a competent or at least a properly qualified physician.

Second. By doing this, it not only protects the general public from imposition, but it likewise protects the physician, who has spent his means and time in properly qualifying himself for his profession, from *theft* on the part of the unqualified or those who unlawfully claim

to have obtained regularly the Degree, Doctor of Medicine and Surgery.

Third. That this addition to the Code can be easily made by the profession, and, since desirable medical legislation is so difficult to obtain, that the proposed addition to the Code, would, to a great degree, take the place of desired Medical Legislation.

Fourth. That this addition would induce those who are entering the profession, to obtain their degree from the best Medical Colleges only; consequently do much toward a, "so much talked about but so little accomplished," higher medical education.

After the address, the newly elected President, Dr. Reiterman, with a few well chosen remarks, took the president's chair.

Dr. Getz reported the following testimonial cases:

Case 1. Woman, married, aged about 35 years. Cystic degeneration of kidneys, cyst, weighing about seven pounds, successfully removed by abnormal section, similar to ovariectomy.

Case 2. Male, aged about 30 years. Cut his throat with large pocket knife, severing all tissues, from one carotid artery to the other, also trachea, completely, and the oesophagus, about one-half; liquids taken by mouth escaped thorough cut on throat, the trachea and all parts were carefully approximated by deep and superficial sutures; the patient nourished by liquid food injected into the stomach through a tube, recovery has been steady and satisfactory; the patient, now just one month since the injury, being able to take liquids and solids in the usual way, with little or no inconvenience.

Case 3. Woman, aged about 25 years. Pelvic cellulitis, followed by abscess and complicated by Hæmatocele. Operation, indicated and made, evacuating by trocar and canula; recovering.

Case 4. Railroad injury, caused by hand-car running over body, fracture (comminuted) of leg, and severe injury to spine, causing paralysis of bladder and bowels; the latter are slightly improving, the former paralysis continues; injury, sustained six weeks ago; leg is doing well. Other cases of interest were reported by Drs. Lang, Conniff, Reiterman, and Kibby, after which the meeting adjourned.

THE ANNUAL MEETING OF THE SCOTT COUNTY MEDICAL SOCIETY.

THE 28th annual meeting of this Society was held at the Academy of Natural Science, January 3, 1884, Dr. Jennie McCowen, presiding.

The Society was called to order at 3 P. M.; the records of the previous meeting were read and approved. Some routine business disposed of, and Dr. D. P. Maxwell elected to membership. A communication was received from Dr. F. E. Cruttenden, desiring an abstract of the proceedings of the Society, and original papers for publication in the Iowa State Medical Reporter. The request met the approval of the members present, and the Secretary was instructed to return the thanks of the Society. The annual report of the Treasurer was read and adopted.

The Society proceeded to ballot for officers for the ensuing year. There was but one nomination made for president: Dr. McCowen; and she was re-elected by unanimous vote. The following officers were declared elected:

President—Dr. Jennie McCowen.

Vice-President—Dr. M. B. Cochran.

Secretary—Dr. D. P. Maxwell.

Treasurer—Dr. C. H. Preston.

Dr. McCowen delivered the annual address.

After giving a brief synopsis of the year's work and referring in an appreciative manner, to the uniform courtesy and consideration accorded her by the gentlemen of the Society, she reviewed the objects for which medical men organize themselves into societies, and as "every man is a debtor to his profession and ought of duty to endeavor to be a help thereunto;" urged the members of the Society, to give to the profession the results of their observation, experience, and study, and to take a more active part in the discussion in the Medical Journals, of the questions now agitating the profession, especially the *regulation* of the practice of medicine and surgery by law, the collective investigation of disease; an additional provision for the insane; the desirability of boards of health, to make

mental hygiene a regular department of their work; and the systematic investigation of the causes and prevention of insanity and suicide.

The remainder of the address was devoted to the subject of suicide.

On motion of Dr. C. H. Preston, the address was requested for publication.

Dr. J. J. Tomson was appointed essayist for the next meeting, and Dr. W. W. Grant alternate.

MITCHELL COUNTY MEDICAL SOCIETY.

THE twenty-third annual session of Mitchell County Medical Society met with Dr. and Mrs. Blackman, West Mitchell, January 16, 1884. There was a large attendance present, and the session was a pleasant and profitable one. Dr. Brainard, the retiring President, read his annual address, a copy of which, by vote of the Society, the Secretary was instructed to forward to the Iowa State Medical Reporter for publication.

A grand dinner was served by the genial doctor and his worthy companion, which received the hearty endorsement, gastronomic and declaratory, of all present. By vote, the Society is to hold its twenty-third semi-annual session, July 16, 1884, at Osage; to meet at Dr. Whitley's, and go thence to the cooling waters of the Cedar for a Pick-Nick. "YE EDITORS" ARE MOST CORDIALLY INVITED, WITH YOUR WIVES, to aid in the dissection of a pickerel, and to discuss the merits of a fish chowder.

OFFICERS FOR THE YEAR.

President—Dr. H. Fellows, Riceville.

Vice-President—Dr. B. F. Rolfe, Stacyville.

Secretary—Dr. S. B. Chase, Osage.

Treasurer—Dr. W. F. Cobb, Mona.

Censors—Dr. W. W. Blackman, West Mitchell; Dr. A. D. Bundy, St. Ansgar; Dr. D. S. Brainard, Stacyville.

Delegates to American Medical Association, Washington—Dr. J. L. Whitley, Osage; Dr. W. W. Blackman, West Mitchell.

Delegates to Iowa State Medical Society—Dr. D. S. Brainard, Stacyville; Dr. A. S. Bundy, St. Ansgar.

S. B. CHASE, *Secretary*.
Osage, Iowa.

THE SEMI-ANNUAL MEETING OF THE CENTRAL MEDICAL ASSO- CIATION OF IOWA.

THE regular semi-annual meeting of this Society was held at Jefferson, Iowa, December 18, 1883. The Society was called to order at 3:30 P. M., with the following members present: Drs. D. T. Fairchild (President), G. H. Grimmell (Vice-president), Charles Enfield, C. O. Hood, W. S. Schermerhorn, A. L. Wright, W. L. Ross, O. W. Lowry, D. N. De Tar, G. D. Rowe, H. D. Ensign.

In the absence of the Secretary (Dr. Downing), Dr. Ensign was appointed Secretary, *pro tem*.

The minutes of the last meeting were read and approved.

The Board of Censors reported the name of R. R. Williams, of Manning, a graduate of Rush Medical College, 1876, for membership; on motion, he was duly elected.

The Secretary read a communication from Dr. F. E. Cruttenden, in behalf of the Iowa State Medical Reporter. On the motion of Dr. Enfield, the offer was accepted by the Society, to publish its minutes in that Journal.

Dr. Ross read a paper, entitled, "The Inaction of the Kidneys as a cause of Hypertrophy and Diatation of the Heart."

The paper was, on motion, received and placed on file, and was discussed by Drs. Enfield, Fairchild, and others.

In the absence of Dr. Brown and his paper, entitled, "The Influence of the Physician in the use of Intoxicating Liquors," the President remarked, that the subject suggested was of such general interest, that he did not feel like passing it by without hearing from the members present; he called upon Dr. Ensign to open the discussion. A lengthy and very interesting discussion was participated in by most of the members present.

Dr. Enfield presented an interesting paper, entitled, "Medical Jurisprudence." Discussion, opened by Dr. Rowe, followed by most of the members present.

"The application of the Plaster Paris Jacket" was fully presented by Dr. Wright, and afterwards discussed by Drs. Fairchild, De Tar, and others.

Dr. Lowry reported an interesting case of abdominal enlargement, then under observation. He was requested to report the case at next meeting of the Society.

Dr. Ensign reported an interesting case of gunshot wound.

On motion of Dr. Schermerhorn, Drs. Schermerhorn and Deering were appointed to act, with the President as Chairman, as a committee of three on Medical Legislation.

On motion of Dr. Lowry, it was voted to pay the expense of said committee.

On motion, the Treasurer was instructed to settle bill for the Society supper.

The following members were elected delegates to State Medical Society: Drs. Chas. Enfield, W. L. Ross, G. D. Rowe, C. O. Hood, R. R. Williams, and D. N. DeTar.

Drs. A. L. Wright, G. H. Grimmell, and D. S. Fairchild were elected delegates to the American Medical Association.

Some very interesting cases, occurring in practice, were reported by members present.

On motion, Carroll was selected as the place for holding the next annual meeting, June 16, 1884.

The President appointed, as committee of arrangements, Drs. Deering, Wright, and Williams.

The Society adjourned at 10:30 P. M., peace and harmony prevailing.

A. A. DEERING, *Secretary*.

PHOTOGRAPHS OF THE VOCAL ORGANS IN ACTIVITY.

THE first time in America photographs of the vocal organs during phonation are published in *The Voice* (Albany, N. Y.), for January, 1884. These photographs show the position of the vocal cords, tongue, soft-palate, and other organs in singing various notes, with pure tone, nasal tone, falsetto, etc. They present the actual living vocal act to our view, and are of value to every professional and amateur user of *voice*—singer, speaker, reader, actor, teacher, physician, lawyer, preacher. With the photographs is begun a series of articles treating of the whole range of voice-culture in song and speech.

THE Iowa State Medical Reporter.

DES MOINES, JANUARY, 1884.

EDITORIAL.

EDITORIAL NOTES.

WITH this number of the REPORTER, we enter the second half of our trial year. The kindness, encouragement, good-will and assistance that we have received from the profession of the State as individuals and organized associations, have more than met our expectations. We sincerely thank all our friends and patrons for their past kindness. We believe that the interest in our work is steadily growing and we hope that the profession, in accordance with our original desire, will continue and increase its appropriation of our columns to itself and consider the REPORTER a medium for the collecting and receiving of news, society abstracts, original ideas, etc., for distribution.

* * *

IN the review upon the Biennial Report of the State Board of Health, we give the legislative recommendations, *verbatim*. Of these recommendations, save for protection against glanders and an increase of its own power (both needed), the Board wishes to exact further obligations, with criminal penalties, from the much demanded and poorly protected Doctor. That this is necessary for efficient service we admit, and, therefore, say Amen!

Why should the medical fraternity be brought under the lash as a bondsman to the public demand without a just consideration; many cannot pay such a debt; then, why not give to the physician that

protection which the public demands from him?

The money lender, the mechanic, the builder, the merchant, the farmer, and the corporation, have each his special legislation. Independent of this, public opinion says, you are not obliged to part with your values without an equivalent. How great the contrast. For the physician, the Code of Iowa, has no friendly word. The public say, go (night or day), he is unfortunate and needs you; he has his bills to pay, and has nothing for you.

* * *

AMONG the society reports of this number we give abstracts from the annual address of Dr. H. L. Getz of the Iowa Central Medical Association. Coming from one as well known as Dr. Getz, and touching as it does two subjects, Ethics and Medical Legislation, which are agitating medical bodies throughout the country, we desire to give them some attention, excluding wholly any personality.

Do not break the chain of medical ethics but insert a few rubber links capable of considerable stretching, is the sum and substance of his advocated treatment of the Code.

While we believe the motives given, are charitable, the steps are certainly dangerous counseling. As understood by the profession it cannot be under any circumstances so absolutely necessary as to permit or to excuse consultation of a regular physician with an irregular; as it is not a necessity, we cannot see why one's philanthropy should permit him to neglect a duty. While we advocate a labeling process under proper restrictions as to the size, kind, and quality, we believe that the card system is wholly inadequate and may be pernicious. The man not the college, makes the physician.

The college furnishes the opportunity and in its diploma says but little more

than, that he has had this opportunity a sufficient length of time to have made it profitable. All labeling, if successful, must correspond with the intrinsic value of the article labeled, irrespective of opportunity or sheep-skin. Further, there are more unprincipled and unqualified members in the regular profession, legal owners of sheep-skins, than outside of it. The cards would be instrumental in promoting a kind of legalized advertising contrary to the spirit of the Code.

DISSECTING MATERIAL.

THE argument for the necessity of dissecting, and the propriety of legal measures, defining under what circumstances and what conditions bodies should be used for this most necessary purpose, have been repeated so often, that it is not of any present importance to repeat them. The legislature has heretofore recognized the necessity, and provided by statute that undertakers and coroners "may" deliver unclaimed bodies to physicians or medical colleges, for dissection, under certain very proper regulations. The same law is in force in Illinois, but the provision "may" subject the colleges there, as well as here, to occasional interruptions in a source of supply that should be constant. It would seem that the bodies of those who during life had been a source of expense to the state, should after death minister to the comfort and welfare of the living and producing portion. This is especially applicable to those who, besides being a charge upon the State, have rendered themselves amenable to the punishments that society inflicts upon malefactors.

We hope the legislature will enact a law requiring the superintendents and wardens of the State institutions to deliver the bodies of dead inmates, which are not claimed by *relatives* of the de-

ceased, to the several medical colleges of the State, in proportion to the number of students of medicine attending.

This amendment to the present law, leaving the discretionary privilege with the coroners and undertakers, as it is at present would add to the efficiency of the medical service of the State, and be an effectual guaranty that the rights of sepulture would be strictly respected.

The division between the different schools need make no trouble, the duty could be satisfactorily performed by the Secretary of the State Board of Health.

Proper restrictions could be made, in reference to the disposal of the remains after they have served the purpose of instruction, they should be carefully interred or cremated (if the legislature so decide), and it should be the duty of the Secretary of the State Board of Health to see that it is properly done. The expenses of communication and transportation together with a fee for the Secretary of the State Board of Health, should be prorated between the several schools.

WHITEWASHING.

IN our October number under the title *A New Scheme*, we called attention to a "dodger" issued by J. B. Findley, of Bloomfield, Iowa, in reference to an approaching visit by Dr. J. E. Harper, A. M., M. D., etc. In the article we presumed that Dr. Harper would deny any knowledge of the issuance of any such advertisements, but called attention to the facility with which similar measures could be first employed and then repudiated. We clip the following from the *Western Medical Reporter*: J. E. HARPER, A. M., M. D., *Editor and Manager*.

AMENDE HONORABLE.

The following from the pen of Profes-

sor James Nevins Hyde appeared in the *Chicago Medical Journal and Examiner* for December:

"In the last issue of this *Journal* we copied an item from the *Peoria Medical Monthly*, in which reference was made to a handbill, ostensibly issued by a person by the name of J. B. Findley, announcing that Professor J. E. Harper, of the Chicago College of Physicians and Surgeons, was about to visit Bloomfield, Iowa, and soliciting the attendance there of patients affected with disorders of the eye and ear.

"We take special pleasure in saying that after a careful investigation of all the facts in the case, it has become perfectly clear, that Professor Harper is and was entirely innocent of any attempt whatever to advertise himself in this manner; that he had no collusion or sympathy with Findley in the printing and circulation of this handbill; and that he has our sympathy since he has really suffered from the well meant but exceedingly ill directed intentions of a friend.

"We are pleased to add that Professor Harper has the full esteem and confidence of the profession in this city, and can be trusted to engage in no attempts unworthy of his high reputation as a physician, observing with strict regard all the proprieties of the profession."

We now feel that although our confidence in human nature has been seriously shaken, yet we have passed through a trying ordeal and emerged with safety and increased strength.

We sincerely regret that a peculiar combination of circumstances caused us for a time to think that we would not get justice at the hands of Dr. Hyde; and we therefore value more highly the complete vindication he has given us.

We earnestly hope that nothing will ever again occur to weaken our very high regard for Professor Hyde as a gentleman and a scholar.

We are glad Professor Hyde is satisfied, and we hope that Professor Harper will select such friends hereafter, as will avoid the necessity of his "suffering" from their "well meant but exceedingly ill directed intentions."

LEGISLATION.

Senate File No. 26.] [By Hutchison.

A BILL

FOR AN ACT TO PUNISH THE WILLFULLY OR CRIMINALLY IGNORANT PRACTITIONER OF MEDICINE OR SURGERY.

Be it enacted by the General Assembly of the State of Iowa:

SECTION 1. That hereafter, in cases of suit for mal-practice against any person practicing medicine or surgery in Iowa, if such person has a diploma regularly given to him (or her) by any school of medicine in the United States or some foreign country, duly authorized by law to grant such diploma, said diploma shall be considered as evidence of an effort to have acquired suitable preparatory knowledge, and suit shall be a civil suit for damages only.

SEC. 2. If, however, the person has not the evidence as specified in section one of this act, the suit may be criminal as well as civil, and if found guilty shall be fined or imprisoned, or both, at the discretion of the court, provided that the fine shall not be less than one hundred dollars nor the imprisonment less than three months, and in case of fine to stand committed until the fine is paid.

SEC. 3. No person practicing medicine or surgery in Iowa without the evidence as specified in section one of this act, shall be entitled to recover in a civil action for services rendered.

The above bill, introduced by Senator Hutchison, is a well intended step in the right direction, and we believe it will do much good, yet it seems to us that the general experience, gained in dealing with the temperance question, would teach better than to begin at the "big end of the horn." Better suppress the cause than to attempt to punish the result. This well intended step contains that which may prove a serious evil; it places in the hands of the ignorant a weapon for offensive and defensive blackmail, and as they, the ignorant, are in the main those whom this law is intended to protect, well intended

and well directed efforts, from those competent but interrupted by circumstances beyond their control, may lead to results that will cause the physician much worry, expense, and annoyance. This will bind the profession together for the common cause, and will defeat the ends of justice. We favor the above bill and hope it will be adopted. We believe that in extreme cases, under section 2, it will not be a dead letter.

CORRESPONDENCE.

EDITORS REPORTER: Permit me to call your attention to Senate File 26 introduced on the twenty-third, by Senator Hutchison. It is very brief, could you publish in next (or January) number?

Cases have occurred in the District Courts of the State, where attempts have been made to punish the wilful and criminally ignorant charlatan.

The judges who have had the cases in their court, have told me that the men deserved and ought to have received punishment, but there was no law under which they could be. Cases are now in our courts, where notorious and unqualified charlatans are suing for exorbitant bills for alleged professional services. I have been told by able judges, now on the bench, that the proposed law is good, efficient, and ought to be passed and would cover cases mentioned.

MEDICUS.

REVIEWS.

FOURTH BIENNIAL REPORT OF THE TRUSTEES, SUPERINTENDENT, AND TREASURER OF THE IOWA INSTITUTION FOR FEEBLE MINDED CHILDREN, AT GLENWOOD.

THIS contains a clear and complete report of the one branch of the charities distributed by our great State, to its unfortunates. Directed to the Governor and Legislature, the Trustees of the Institution say:

"Since our last report, the Institution has largely increased, both in numbers and importance.

"On the twenty-fourth day of May, 1882, Dr. O. W. Archibald severed his con-

nection with this Institution, and his successor, the present incumbent, Dr. F. M. Powell, took possession as Superintendent.

"Dr. Powell has been ably seconded in his efforts by our Assistant Physician, Dr. A. C. Rogers.

"Our teachers have all been faithful, painstaking, and patient. The steady improvement of all classes committed to their charge is the strongest testimonial to their efficiency and competency.

"Dr. Powell has secured the more efficient working of the help at the Institution by providing an officer known as 'Supervisor' in both the male and female departments. These Supervisors are directly responsible for the faithful discharge of duty by every person under him or her. The increasing numbers require this division of responsibility in the daily administration.

"The general health of the children has been remarkably good. Since the twenty-fourth day of May, 1882, and prior to June 30, 1883, there have been sixty-five children admitted, but there were, during the same period, twenty-two dismissed, eleven deaths, and one deserter, leaving the number in the Institution on the last named date at two hundred and thirty-nine.

"There are applications for very many more, none of whom can be admitted until our new cottages are completed, and even then only a limited number.

"We ask that the Legislature give us an amount which, while less than the amount required by similar institutions, will be sufficient to build a good, substantial structure, with corridors. For this purpose we ask \$75,000. With this amount we believe we can complete a substantial building.

"The additional appropriation we ask, is \$27,500: For school apparatus; for baths, water closets in new cottages, and changing same in old building; for repairs on roofs, floors, doors, and windows; to complete inside of laundry, purchase three power washers, wringers, mangle, and construct dry-room, etc.; for new boilers with fittings complete to furnish the radiation required for cottages; for a permanent water tower of sufficient capacity for the whole Institution, and for complete fire protection, and for hospital.

"These constitute the present wants of our Institution, and they are all of absolute necessity for the increased demands made upon us."

The Superintendent says: "When I assumed control of the Institution, I found two hundred and eight inmates; one hundred and thirty-two males, and seventy-six females; one of the latter being supported as a private pupil, all of the remainder by the State.

"They were distributed as follows: In school, one hundred and forty; at work (farm, etc.), twenty-three; in asylum department, thirty-eight; temporarily absent, seven.

"There were also thirty-eight employes as follows: Officers, four; teachers, four; attendants, eight; night-watches, two; sundry help, twenty.

"There was no serious sickness of any kind except in the case of one little girl, who died soon after my administration began."

He then gives a detailed report of the condition of the finances. A list of the counties from which the children came; Mills, Pottawattamie, Dubuque, Delaware, and Linn having the largest number, varying from ten to fourteen. The report from the school department, of the standing of the pupils, show a very creditable progress; their instruction embraces ordinary school work with industries. He desires more hospital accommodations because a large per cent of the children have such low vitality that they require much care and treatment.

The capacity of the institution seems to be far below the demands. The several appropriations desired are needed to increase the present capacity.

We regret that we have not space for a more extended notice. This institution is one which should be of great interest to the people at large, and especially to the physicians.

SECOND BIENNIAL REPORT OF THE STATE BOARD OF HEALTH OF THE STATE OF IOWA FOR THE FISCAL PERIOD ENDING JUNE 30, 1883.

This report submitted to the Governor, Hon. Buren R. Sherman, contains also the vital statistics for the year ending October 1, 1881. These statistics are in-

complete, and we should add, in justice to the board, they cannot be otherwise. These reports are very important and proper action should be made to secure more perfect results.

Considering that the State Board of Health is but three years old, this report is very full and interesting, and it indicates that the Board have faithfully performed their duties.

To understand the object and field of their work we cannot do better than to produce their own ideas. They say their particular work has been to get a better sanitary condition and to teach the people how to prevent sickness and death.

The work of the Board has demonstrated that many of the causes that lead to sickness and death may be prevented. They also state that the people are always ready to believe when the proper proof is presented.

In their work they have attempted to trace out and explain the pathological results and none of their steps have been retrograde. The reports contain numerous articles wherein the local boards of health have discovered the cause of local affliction to have been the result of bad sanitary surroundings. The result of restrictions in contagious diseases is presented in this report and is highly satisfactory. The report indicates that they had some trouble in regard to the maintenance and expense of the local boards and shows that for the year 1881, out of three hundred and forty-three officers distributed in fifty-nine cities and towns, one hundred and fifty have made reports. Although an increase over the previous year it is too small a ratio to be satisfactory. After setting forth in full their past experience the Board deduct and make the following "Legislative Recommendations," urging the "imperative necessity" of an amendment to chapter 151, Laws of the Eighteenth General Assembly:

"Another biennial period of practical experience adds still more strongly to the recommendations made in the First Biennial Report of the State Board, and to the imperative necessity for changes and amendments to chapter 151, Laws of the Eighteenth General Assembly.

"The returns made to this office, from

clerks of the District Courts, and the testimony of clerks, show that physicians and those who solemnize marriages, neglect to make the proper returns to the clerk of the courts. Under the provision of section five of said chapter, the clerk is unauthorized to make complaint for such neglect, but he must do so at his own cost. As the fines collected go into the county treasury, the county becomes the beneficiary of the recovery. The law should be so amended as to require the county or district attorney to prosecute all such cases to a final hearing in the name of the State, on complaint of the clerk, and the penalty should be a fine instead of a recovery in a civil action.

"Under the provisions of the same section physicians and midwives are required to register their names with the clerk of the courts, but no penalty is provided for a neglect so to do. To secure a better compliance with the object and intent of the law, a penalty should be provided which will tend to this end.

"It is evident from reports received from other States adjoining Iowa, and from various sections in Iowa, that glanders is rapidly increasing. Wisdom and safety would dictate the absolute necessity for such legislation as will protect not only the animals, but the people, from this most horrible disease. The present statutes are wholly inadequate to afford protection or relief. While it is true, local boards of health have the power to take such measures as they deem best for the protection of the people, it is much better, where property value is concerned, to provide by special law, how, and in what manner, animals affected by this disease shall be disposed of, and how paid for.

"In view also of the increasing prevalence of contagious diseases of cattle throughout the country, it is recommended that a competent veterinary surgeon be added to the State Board of Health, and that the State Board of Health be empowered to take such action, upon the appearance of contagious diseases among domestic animals, as they may deem necessary.

"In other States instances are on record where attempts were made to secrete the crime of abortion by false certificates as

to the cause of death. Section 6, of chapter 151, Laws of 1880, should be amended, by providing a severe penalty against any person who shall knowingly make any false certificate, statement, return or receipt relative to any birth, marriage, death, or still-birth, required under the provisions of this chapter, or required by the State Board of Health in the transportation of corpses.

"As the statute now is, the State Board of Health has only advisory powers. Emergencies may arise where immediate and extraordinary measures will be required. The Board should be vested with executive power to act, and enforce such rules and regulations as they may deem necessary. Such power is deemed imperative in many instances where local influences defeat entirely the object and intent of the law."

We have received a reprint from the *Alienist and Neurologist*, January, 1884, of "Borderland Psychiatric Records—Prodromal Symptoms of Psychical Impairment," and "The Opium Psycho-Neurosis—Chronic Meconism or Papaverism." By C. H. HUGHES, M. D., St. Louis, Mo.

THE *Sanitarian*, one of the most valuable of journals, comes to us a monthly. We will miss its weekly companionship.

From an original article, "A Plea for Greater Simplicity in Practical Medicine," by JAS. F. HIBBERD, M. D., (*Louisville Medical News*.)

"That every physician should have an abiding faith in the power and the value and the necessity of medicine.

"That all medicine that has force enough to do good if rightly given, may do evil if wrongly given.

"That medicine should not be prescribed unless a clear necessity is recognized for its employment.

"That this necessity may arise from the patient's physical condition, from the patient's mental condition, or from the mental condition of others.

"That in all cases the least disturbing remedies that will meet the indications should be prescribed.

"That in all illnesses nature is the grand factor in restoring health; the role

of art is that of an auxiliary and assistant.

"That much thought and talk about disorders may be a cause of ill-health in the parties so thinking and talking, and is at least a mark of ill-breeding, and a lack of good manners.

"That details of personal distempers should only be made to the physician for his guidance, or to attendants as an aid to nursing.

"That routine in practice is never scientific, and is liable to be mischevius.

"That fashions in therapeutics should be followed only when the new mode has the sanction of one's scientific knowledge, or is sustained by unimpeachable testimony.

"That the guiding motto of every medical practitioner should be, 'All diseases should be trusted to nature where art can not declare an assured benefit by intervening.'"

EXTRACTS.

DOCTOR'S SIGNS.

FROM an article in the *Canada Medical Journal*. The *Detroit Lancet* finds among other ideas the following:

"Objections to the following titles placed upon the sign or door plate, 'Dr. ———, M. D., Edinburgh (Honors), M. R. C. S., Eng., L. A. H., Dublin. These are reported as quite common * * *.

"Good taste and liberal culture will make the doctor's sign correspond with the attainment of its object. What is its object? Simply to render it easier for persons searching for a doctor, or this particular doctor, to find him. As the doctor is a professional man, or at least should be, he will seek to attain this end by means as far as possible removed from the methods of tradesmen."

How about "professional" cards? [ED.]

The Medical and Surgical Reporter tells of a chance meeting on the street of two old classmates on one of whom fortune had smiled more beamingly than on the other. "See here," said the latter "we were students together; you didn't work as hard as I did; how is that you have such a large practice, while I can't get any

patients at all?" The former gave the following significant reply: "Go to a barber and have your hair cut; go home and take a bath, and put on some clean clothes; keep your shoes polished and your face and hands clean; tone down your manners and drive a stylish horse and carriage, and you will get practice." Here was the polished man and "the rough diamond;" the one made money, while the other commanded the greatest respect and admiration from those whose opinion was worth having. Which is most to be coveted? There is surely nothing incompatible in the two that they may not be combined in the one individual.

NERVOUS PROSTRATION.—Prof. Bartholow thus correctly defines it in reply to the question, What is meant by nervous prostration? I respond, a disease, usually functional, situated in one or more organs, during the course of which reflex disturbances of the brain occur, and numerous subjective sensations in all parts of the body are realized by the consciousness. I deny that neurasthenia is a primary nervous affection, or that it is a substantive disease. I hold that it is symptomatic and secondary. This conception fixed in the mind, the treatment of neurasthenia is successful or unsuccessful, according to the measure of our skill in localizing the initial disturbance, and in addressing our remedies to that as well as to the general state.

Dr. E. E. Beeman & Son's are manufacturing "Pure Pancreatized Pepsin." One of our readers sends us the following testimonial: "I have used it in a number of lingering cases of typhoid fever and I found it was very efficacious, almost stopping the diarrhoea. In the gastric and intestinal complaints of children I have found it unequalled." Those corresponding, can get the address of the contributor.

INSURANCE statistics, compiled from official sources, show that the Burlington Insurance Company possesses the largest amount of assets to liabilities and does the largest business of any fire insurance company in Iowa.

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IOWA STATE MEDICAL REPORTER.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. 1.

DES MOINES, IOWA, FEBRUARY, 1884.

No. 8.

ORIGINAL ARTICLE.

DIPHTHERIA.

BY E. H. KING, M. D., WEST LIBERTY, IOWA.

Read before the Eastern Iowa District Medical Society, at Muscatine, December 4, 1883.

It is not my purpose to attempt an exhaustive paper upon this subject, but simply to present some observations on the pathology and treatment of this dread disease, as they have occurred to me during the last decade of professional life. I wish to disclaim at the outset, any claim to infallibility in treatment. *I know of no specific for diphtheria.* I have frequently heard of, in fact nearly every community has some practitioner who succeeds in having freely circulated the report, that he, *has never lost a case.* My experience leads me to answer such, either they have had but very few cases of malignant diphtheria to treat, or else they—*lie.* We are well aware that inflammatory affections of the throat and fauces are of frequent occurrence, at all seasons of the year, and in every locality. Many of these cases occasion much distress, and if diphtheria has been prevalent, will cause great alarm. How often have we been called to a supposed case of diphtheria, only to find an inflammation of the fauces from cold or exposure, and the "coating" which had been discovered by the mother in inspecting her child's throat, but an inflammatory, plastic exudate, or, the follicular secretion so often seen in tonsillitis. It is upon these cases, that the *never failing* doctor builds his reputation, and he proves conclusively to the

parents, the correctness of his diagnosis, for there is the coating, which they all can see, and what is more to his purpose, the patient always recovers.

We may treat disease empirically or rationally. If I treat empirically, I give this or that remedy because I, or someone else, have found it to be of value in the case in hand. Pathology does not necessarily enter into the consideration in treatment. I give a cathartic in diarrhoea, because some one has found that cathartics frequently cure that disease.

Pathology must ever occupy *the* prominent place in rational medicine. The cause must be learned, or the condition understood, and remedies applied as thus indicated. I give a cathartic in diarrhoea, to remove irritating injesta if any there be, to deplete and relieve the congestion of the intestinal mucus membrane if such a condition exists, and my diarrhoea subsides.

The treatment of diphtheria has been largely empirical or to say the least, but vaguely rational. When Klebs¹ announced the value of benzoate of soda in the disease, the profession at once gave it trial. When Rokitauský² claimed great virtue for chloral hydrate, everybody swabbed the throat with that drug. When Guttman³ claimed an almost specific effect from pilocarpine, every diphtheritic was sweated and salivated forthwith. Iodoform, calomel, sulphur, carbolic, and sulphurous acids, and numerous other remedies were brought forward as specifics, were eagerly adopted, and each brought disappointment in its turn.

I have somewhere read "That the cura-

¹ Am. Jour. Med. Sci., April, 1879, page 548.

² Am. Jour. Med. Sci., April, 1879, page 549.

³ Am. Jour. Med. Sci., April, 1881, page 558.

bility of a disease, exists in the inverse ratio of the number of remedies used." What wonder is it, that the remedies for diphtheria are legion, and that all frequently fail.

The disease will present various degrees of severity, and be it sporadic, endemic or epidemic, there will be found side by side, the mild, the severe, and the malignant. The mild cases probably will, the severe may, the malignant seldom recover.

It is evident, therefore, to treat diphtheria rationally, we must understand the pathology of the disease, and this has by no means, been conclusively and universally established with, and accepted by all, pathologists. Many tell us that it is a constitutional or general disease, of the system,⁴ of which the throat affection is but a local and secondary expression. All admit it may be, and probably is, the result of a specific cause, and scarcely one can be found, who will deny that it is infectious or contagious, and and while there is a general understanding, that unsanitary conditions favor its development, yet it ravages the homes of the rich and cleanly, as well as those of the poor and filthy.

Of late, the medical profession, ever on the watch to discover some tangible relation between cause and effect, has been seriously infected with the germ theory, and numerous investigators are busy, searching for bacillus and micrococcus, and now is claimed for nearly every infectious or contagious disease, each its specific infecting germ, and from that which can be proven, and more, which is not only plausible but probable, the theory rests upon premises which cannot be easily overthrown. It is no new theory that diphtheria is due to a specific disease germ,⁵ nor will I spend the time to tell who first promulgated it. I believe it to be true, and in order to frame a rational plan of treatment, I make it the basis of the pathology of the disease which I outline as follows:

A disease caused by a specific micrococcus, which may find entrance into the system at any point where an abrasion

exists. Its almost universal point of introduction is in the throat or fauces. The micrococci develops into activity, the part becomes more or less inflamed, the submucus tissues becomes infiltrated and plastic lymph is exuded. This constitutes the local lesion.⁶ Soon the adjacent glands become enlarged, the system already affected by the sympathetic fever begins to show decided prostration caused by the absorption of the poison, producing a diphtheritic septicæmia which has a tendency to speedily destroy the vital force. The infecting micrococci are invariably present in the disease, and are to be found not only at the point of original infection, but throughout the entire system, and the malignancy is in proportion to the activity of the infecting germs.⁷

It will require but little reflection to show us why the throat is the usual place of incubation, when we remember that the effects of cold or exposure, in a high majority of cases are manifested in a sore throat. It is the most vulnerable part of the body, and is peculiarly sensitive and susceptible to external influences, especially with children. The diphtheritic germ, under favorable conditions, find it a congenial soil and breeding place, and there develop into greater or less activity. There is an inherent tendency in the system to resist external influences and maintain the normal condition we call health, and when an impression is once made, all the vital forces seem roused to repel the invasion, and repair the damage. In many cases, even in diphtheria, this vital resistance is sufficient to dislodge the invader, and in time recovery takes place. In others, this resistance is weaker, and artificial aid is needed to secure recovery, while in others, the vital resistance is so weak, and conditions so favorable, that a remarkable activity is developed, and both nature and art are often unable to avert a fatal result.

The exudation of plastic lymph is not confined to diphtheritic inflammation alone. It is nature's method of protecting a denuded part. In this disease it becomes food for the micrococci, becomes

⁴ Squire Reynold's Sys. Med., Vol. 1, page 57.

⁵ Oertel Zammerson's Encyc., also, Am. J. Med. Sci., July, 1871, page 259.

⁶ Keating Med. News, Dec. 23, 1882.

⁷ Keating Op. Cit., also, Wood & Formad Am. Jour. Med. Sci. Jan. 1882, page 250.

changed in appearance, and is a breeding place for the diseased germs.

With this view of the pathology of the disease, how shall we treat it? Mainly with germicides. Antiseptically.

If we look over the list of remedies which have gained favor in the treatment of diphtheria, we will find that nearly all of the most efficient, belong to the antiseptic and germicide class. Alcohol, the tincture of the chloride of iron, nitrate of silver, permanganate and chlorate of potash, chloral hydrate, calomel, benzoate and carbolate of soda, sulphur, iodoform, sulphurous and carbolic acids, kreosote, oil of turpentine, mercuric chloride, etc. These are all good remedies, and are capable to a greater or lesser degree of destroying the infecting germs when locally and properly applied, but when the system has become infected, and blood, liver, spleen, kidneys, and even the marrow of the bones, as Formad and Wood⁹ have shown, are teeming with micrococci, and this often occurs before we have begun treatment, then but few of the remedies can be given internally with the effect of rendering the system aseptic, and of causing a dislodgement and destruction of the infecting germs. I believe that too many have failed by relying too much on local treatment, the system having already been too seriously infected. On the other hand, failures may have occurred, because the treatment has been wholly general, and the remedies used, either inefficient to render the system aseptic, or a continued absorption from the original and local point of introduction, rendered the general treatment of no effect.

The treatment then should be local, to destroy existing infecting germs, and prevent their further absorption into the system.

It should also be general to render the system aseptic, to so sterilize the blood, that the micrococci will not find it a proper breeding place. To support and sustain the vital powers that the materies morbi may be eliminated, and a normal condition be regained.

The disease, therefore, depending upon the presence of micrococci, and these

being diffused throughout the system, can any remedy be given that will destroy them, or check or retard their development, or materially aid the natural powers of the system in freeing itself from them, and not prove injurious? *In short, can we give anything that will kill the micrococci and not kill the patient?* Most of the germicides which will destroy the germs locally, cannot with safety be given internally in sufficient quantities to render the system aseptic. Yet I believe that there are remedies which will meet this requirement, Sternberg,¹⁰ in his experiments to ascertain the relative germicide value of certain agents, found that mercuric chloride was the best and most potent germicide that we possessed. 1 part in 20,000 being sufficient to prevent the development of micrococci of pus, though a higher percentage was required to destroy the germs after being once developed. Can enough mercuric chloride be given with safety to a diphtheritic, to render the blood aseptic, or even sufficiently so that germ development and activity may be so checked, that the vital powers of the system may be enabled to overcome the disease. Let us take a child four years old, weighing 50 lbs. Taking $\frac{1}{8}$ for blood we have 6 lbs., or in round numbers 100 oz., or about 50,000 grs. This amount will require 2.5 grs. of mercuric chloride to render it aseptic according to Sternberg. This is a heroic, if not a dangerous dose if given at once, which I would not do. Nor do I believe it necessary to give the remedy to this extent. If by local application at the point of introduction in the throat, or elsewhere, we destroy existing and prevent development of new germs, I believe we will only have to partially sterilize the system at large, to enable the recuperative powers to arrest further development, and regain its normal status. We have all seen the effect of a septicæmia from some deep seated abscess, or purulent collection. How soon after the abscess has been evacuated and drainage established has the high temperature subsided, the tongue cleaned, appetite and strength returned. By preventing further absorption, recuperation speedily took place. In diphthe-

ria we can assist this recuperation by the means of germicides. By giving mercuric chloride, we can render the blood aseptic or so sterilize it that germ development will be checked, and nature will effect the cure. This is a very plausible theory, and practical, provided the remedy does not vitiate the blood or produce injurious after effects upon the system. Experiments, more notably those of Keyes,¹¹ have shown that small and oft repeated doses of this drug, increases the globular richness of poor (syphilitic) blood, hence it may act as a fertilizer, as well as a germicide, and by giving it in small and oft repeated doses, we can bring the system to that point of saturation that micrococci will not find it congenial soil, will cease to thrive and exert their baleful influence. We are not without the testimony of many observers of the efficacy of mercuric chloride in this disease, Dr. Keating says,¹² "We know of late the value of corrosive sublimate in the cure of diphtheria," and Dr. McSherry¹³ adds, "I have used the agent habitually for many years, and can add my testimony to the facts recently adduced," and again, at a clinical lecture in the Philadelphia hospital Dr. Keating,¹⁴ gives this agent a prominent place among his remedies. Dr. Pepper has had favorable experience with it. In a paper upon an epidemic of diphtheria, recently read before the Virginia Medical Society, Dr. Rogers says,¹⁵ "Full purgative doses of mercury at the outset seemed to modify the trouble. Bichloride of mercury in small doses acted well." He also gives among his conclusions, "That mercury is not a hurtful remedy, but really seems to possess as much or more power of destroying the disease germs, than alcohol."

Calomel is also a very useful remedy in diphtheria, Duer¹⁶ relies largely upon this drug, combined with soda, and Reiter,¹⁷ of Pittsburg, though as eccentric in his pathology as heroic in treatment, claims invaluable results from very large doses. It should be given freely until free purgation is established, and if placed dry upon the patient's tongue, or blown

into the throat, we will get local as well as general benefit.

Alcohol is another prime remedy in diphtheria, and the experiments of Dr. Keating,¹⁸ shows it has a specific action on the micrococci. "Diminishing the intensity of the malignant symptoms, lessening the number of micrococci in the blood, and retarding their development," and further adds, "Alcohol has been found to have a curative effect."

Chlorine, and its various compounds are useful remedies in this disease, and if we call to mind, that the reputation of these are already established and have long been used, such as the chlorate of potash, the tincture of the chloride of iron, which also contains free hydrochloric acid, chloride of sodium, chloride and bichloride of mercury, etc., not only in diphtheria, but in other forms of septicæmia and allied conditions, we may safely conclude that their reputation is well founded. Keating¹⁸ very pertinently says, "We find by experiments on animals, that if a certain number be poisoned with erysipelas and diphtheria, they will die, while if others, poisoned in the same way, at the same time receive injections of chlorine water, they will live, and when we find these experiments made day after day with the same result, the logical conclusion to which we arrive at present is, that to some extent, how great we cannot say, chlorine and its compounds are antidotal to these diseases." One other remedy I wish to call attention to; viz, pilocarpine. Brought into notice by Guttman, who lauded it as being almost a specific, it has obtained much notoriety, and although time has not sustained all that was claimed for it, yet it has much legitimate merit as a remedy in diphtheria. I am not aware that it has any germicide power. It produces free perspiration, and thus helps eliminate from the system. A free flow of saliva, and of mucus from the throat, helps to throw off the false membranes, relieves the œdema and submucous infiltration, and tends to wash away the infecting germs and prevent absorption. I

11 Am. Jour. Med. Sci., Jan., 1876, page 17; July, 1881, page 244; Jan., 1882, page 17.

12 Med. News, July 29, 1882.

13 Med. News, September 9, 1882.

14 Med. News, December 23, 1882.

15 Med. News, September 22, 1883.

16 Am. Jour. Med. Sci., October, 1873, page 578.

17 Med. News, October 7, 1882.

18 Med. News, December 23, 1882.

have received undoubted benefit from its use, especially in laryngeal diphtheria and membranous croup. Oertel,¹⁹ favors the application of poultices to the throat, to invite an afflux of blood to the part, and cause suppuration, on the theory that a layer of pus would prevent absorption of the micrococci. With pilocarpine, we get this same determination to the part, and instead of suppuration, get the free secretion of mucus.

In the local application of remedies, I wish to enter a protest against the indiscriminate swabbing of the throat. Remedies thus applied do not reach every affected part, and thus fail of doing what is intended. Then too, in small children, it often causes much distress, and their cries and struggles to escape it, frequently does more harm, than the inefficient swabbing, can possibly do good. The atomizer is a far more efficient means of making local applications. The Codman & Shurtleff Steam Atomizer is a very convenient apparatus, and with it almost constant application can be made, reaching not only the fauces, but nares and larynx as well. If the patient is intolerant of its use, as they often are apt to be, give sufficient opiate, or chloral hydrate with potassium bromide to make them drowsy, and with care, inhalation can be kept up most of the time. Gargles may be used if the patient is old enough and can use them, but frequently the throat will be so infiltrated and swollen that there is no control over the palatine and pharyngeal muscles, and the act is impossible.

Without giving the clinical details, of cases which have occurred in my practice, I will say that drawing from my experience I have more confidence in the mercuric chloride treatment for diphtheria, than in any other plan with which I am acquainted. I have given $\frac{1}{8}$ grains every hour, well diluted to a child four years old for eight hours, then every three hours for the next forty-eight, using at the same time a 1-1000 solution by inhalation with the atomizer. I have never had ptialism or other ill effects from its use, and enough of the drug can be introduced into the system to render it aseptic, according to Sternberg, without

producing deleterious effects. The inhalation of the solution causes the fœtor from the throat to rapidly disappear. I have recently used in cases of scarletina anginosa, with foul and fœtid throats, with like happy results.

Finally, let me beg of you, that while treating the disease, you do not forget the patient, lest you consign both micrococci and child to the same grave. Let your treatment be supporting. Radically so. Using peptonized beef, milk, eggs, and other forms of concentrated nourishment as the time and occasion may suggest, and as the pulse increases in frequency and diminishes in force, increase the alcohol in proportion, as a stimulant aside from its germicidal virtues. Whisky is generally used, but the fusel oil it often contains, renders it more likely to offend an irritable stomach, when brandy would be a better remedy. Pure alcohol, diluted with glycerine, will sometimes be retained, when both whisky and brandy have been rejected. A few drops of lemon juice is often an agreeable addition. Isolate the patient from the rest of the family, and see that there is an abundant supply of fresh air, night and day. It will be seen that I have given an encouraging view of this disease. Yet I wish to repeat, that I know of no specific for it, and I know that it is seldom that any two cases can be treated exactly alike, and there are surrounding circumstances that will modify, or change the best laid plan. I have lost cases of diphtheria in the past, and do not expect to save all that may come in the future, even with mercuric chloride. There is a bound between life and death, which once crossed, can never be repassed, and lives already on the dark side of this line, will fall under the care of every physician, in which their utmost and best directed efforts, will be in vain, and I know how utterly discouraging it is to a physician, to try to treat a malignant disease in a family living under adverse and unsanitary conditions, often coupled with a lack of ability and sense to properly execute the doctor's orders. We can direct treatment; we can supply medicines; even food and clothing, but we cannot give to nurses brains.

¹⁹ Zammerson's Ency.

SOCIETY REPORTS.

SCOTT COUNTY MEDICAL SOCIETY.

STATED MEETING, Feb. 7, 1884.

PRESIDENT DR. McCOWEN in the chair.

Minutes of previous meeting read and approved.

Dr. Henry U. Braünlich, a graduate of New York University Medical Department, 1883, admitted to membership.

Dr. Cochran gave notice of his intention to propose an additional by-law, requiring an inaugural thesis of new members.

Dr. Tomson, the essayist of the evening, not being present, the society proceeded to consider the subject of additional provision for the insane. The question of State vs. County case was discussed; Dr. McCowen succinctly stating the arguments for, and objections to, each plan.

Dr. Cochran gave estimates of cost of maintenance as adduced from published reports of various institutions, and thought the insane might be adequately provided for at less per capita cost.

Dr. Cantwell thought that many of them did not receive proper care; that more attention should be paid to classification, and opportunities provided for employment; and that there should be a State board of charities to have supervision of county receptacles for the insane.

Dr. Preston thought they should never pass out of the cognizance of the State; that the State had a duty in regard to this helpless class that could not be cast aside.

The president gave statistics for four decades from census returns showing that the number of foreign lunatics, paupers, and criminals, had increased from year to year far out of proportion to the increase in population.

On motion of Dr. Cochran it was voted to appoint a committee to draft a memorial to the State legislature asking further provision and protection for the insane. On motion of Dr. Cantwell, Drs. McCowen, Middleton, and Tomson were elected by the society as such committee.

A general discussion, participated in by all the members present, then ensued as to the nature of the memorial. It was agreed that it should include a plea for State supervision, a protest against a State hospital for incurables, a plan for State care for all of the insane, and a petition that the legislature ask Congress to take some steps to guard us against the influx of insanity by immigration.

Motion prevailed that the society meet in special session, February 13, 1884, at 4:30 p. m., to take action on memorial.

Adjourned.

SPECIAL SESSION.

Society met as per adjournment.

The memorial, as prepared by the committee, was read and was discussed by Drs. Grant, Preston, Cantwell, McCowen, Bracelin, and Maxwell. It was amended by striking out and adding to until it met the approval of the society, and was adopted by unanimous vote, as follows:

To the General Assembly of the State of Iowa:

The undersigned, a committee appointed by the Scott County Medical Society, to memorialize your honorable body in behalf of additional provision for the insane, would respectfully submit that the insane, from their absolute helplessness, are more particularly the "wards of the State" than are any other of the dependent or defective classes, and that the State should vouchsafe them not only protection from gross neglect and brutal violence but, also, such care and treatment as shall cure the malady when possible, or, failing in that, such amelioration of their condition as medical and sanitary science makes possible.

It is well known that only about one-third of the whole number of the insane are cared for in the two State hospitals, and that for the remaining two-thirds the State makes no provision whatever, either in the way of maintenance or supervision. This large number are distributed throughout the State in the county poor-houses and institutions, in jails and in private families. The inmates of the State hospitals, in addition to other safeguards thrown around them, are under the protecting supervision of a "visiting committee," but these unfor-

tunates, remanded to the care of the counties, are entirely removed from their cognizance. In the absence of any authorized inspection it is impossible to say what their actual condition is, but there is a wide-spread conviction that they do not receive just and proper care, and in many instances their condition is known to be deplorable.

We would most respectfully urge you to consider whether poverty, or the fact that a man has been afflicted a certain number of years, or that he probably will not recover, is an adequate reason for denying him such care as his condition requires; also, since the only valid objection to State care, is the immense expense of caring for all on the basis of expenditures for the State hospitals, we would ask you to consider whether the State has any right to provide for any one part of the insane at a cost disproportioned to its ability to care for all.

We believe the cost of maintaining the insane may be and ought to be reduced, and, in case of the pauper insane, reduced to the lowest limit consistent with reasonable comfort and proper care, but the fair fame of our thrifty young commonwealth demands that economy be not gained at the expense of humanity.

We would most respectfully submit that the per capita cost may legitimately be reduced, without detriment to the insane, in three ways:

First. By less expense in hospital construction.

Second. By making separate provision for such patients (curable or incurable) as do not need the expensive appliances and irksome restraints of a hospital designed for acute and violent cases; the principle of separation being not poverty, nor lack of friends, nor curability, but the amount of restraint and personal care they require.

Third. By such employment as is compatible with each patient's physical and mental condition. An actual acquaintance with the insane, establishes the fact that many, especially of the chronic insane are able-bodied and capable of a full day's work, many others equal to a half day's work, and the great majority able to do more or less, according to varying circum-

stances. Experience in Europe, and in the few hospitals in this country which are giving it a fair trial, demonstrates that aside from the reduction in the cost of maintenance, the necessity for mechanical and medicinal restraint has been diminished and a beneficial effect exerted upon both the bodily and mental condition.

While heartily concurring, in the main, with the memorial presented to your honorable body by the Chairman of the Committee from the State Medical Society, we emphatically dissent from such part of it as recommends the building of additions to the present hospitals, believing that the interests of the insane will be best subserved by the building of new hospitals in the sections of the State to be accommodated, rather than in enlarging the old ones which are inconveniently remote. Agreeing in the belief that large numbers can be well cared for upon one estate and under one management, we dissent from the principle of congregating them under one roof.

We desire to unite in the protest against a State hospital for incurables for the following reasons:

First. The difficulty, if not impossibility, of saying with any degree of certainty whether a certain patient will get well or not.

Second. The depressing and injurious effect upon the mind of patients assigned to such hospital, taking away from them the last poor comfort of the diseased mind—the hope of being able one day to rejoin their families.

Third. The universal testimony of those familiar with hospital life, that many of the chronic insane exert a beneficial effect in various ways, upon recent cases.

Fourth. The lack of incentive to the medical staff of an institution composed entirely of patients confessedly beyond the reach of medical skill.

Fifth. All the advantages claimed for such a hospital may, as we believe, be more fully secured by another plan not embodying its inherent disadvantages.

We would most respectfully urge upon your honorable body the feasibility and entire practicability of caring for the in-

sane of our State on such a modification of the Kankakee plan (cottage) as may be best adapted to our circumstances.

First. For recent and violent cases a small hospital accommodating from one hundred and fifty to two hundred and fifty, this class being always the minority.

Second. For the chronic insane and those not needing the restrictions of a close hospital, detached buildings erected upon the same grounds, accommodating from fifty to one hundred patients each; these buildings to be inexpensive and without unnecessary architectural display.

We urge this system for the reason that, with greater economy, it affords the chronic insane a variety, a freedom, and a satisfaction not attainable by any other plan; and because of the facilities for classification so important to the best welfare of the insane and so impossible of perfect attainment under one roof no matter how extended.

In these detached buildings the troublesome, the homicidal, the suicidal, the violent, the profane, the obscene, the filthy, the inoffensive, the nervous, the timid, the incorrigible, and the sick, may each be separated from those who might annoy or harm them, or be annoyed or harmed by them. Each patient may be placed in the surroundings and receive the treatment he individually needs without interfering with the rights or comforts of any others, as cannot be done where all are congregated in one building, within sight and sound of each other, although they may be in different wards. By this plan patients may readily be transferred from one building to another, as their varying condition may demand, and upon the advent of the paroxysms of maniacal excitement to which the chronic insane are subject they may be easily and promptly transferred to the close hospital until the attack is over, when they may be again allowed larger liberty. Epileptics may be provided for in separate buildings; an intermediate home for convalescents, which ought to be a part of every hospital system, would be practicable; and, lastly, the danger from fire would be reduced to a minimum.

The theoretical objections urged against

such a manner of caring for the insane falls to the ground before the test of actual experiment, as has been demonstrated at Kankakee, Ill. (For particulars of which we beg leave to refer you to their published reports.) Their detached buildings, which are of stone, with brick partitions and slate roofs, were erected at a cost of three hundred dollars per capita. The close hospital, the center of the establishment, is of stone, fire-proof throughout, and cost nine hundred dollars per capita.

We would especially emphasize the desirability of having, in connection with such a hospital, an ample tract of land, in a salubrious locality, with good natural advantages, and an abundant water supply. Land owned by the State is a good investment, a permanent resource, and in addition to the twenty or one hundred acres (according to the size of the institution), which must be taken up by the buildings and recreation grounds, ample provision should be made for the raising of sufficient vegetables and small fruits to supply the institution, together with grazing and meadow lands for necessary stock, and enough good tillable land to furnish occupation to all who are able to work, and this includes the majority of the insane, especially of the chronic class.

In view of the large number of the insane now unprovided for, and an estimated yearly increase of one hundred and twenty-five, we would most respectfully urge and emphasize the necessity for the immediate location of an establishment such as described in the center, northwestern, or southwestern part of the State, to be followed later by others as the increase of the population renders them necessary. So that ultimately we shall have five hospitals—one in the center, and one in each of the four sections of the State, each with a small hospital for recent and violent cases, and a group of inexpensive detached buildings for the chronic insane. Subsequently, additional provision for increasing numbers can at any time be made in the district needing it by simply putting up an additional building, and adding it without jar or friction to the establishment whose machinery is already in motion.

This, together with the proposed hospital for insane criminals, in connection with the prison at Anamosa, would complete a hospital system for Iowa, which, in the opinion of your petitioners, would provide not only for the present, but would be capable of such expansion from time to time, as would adequately meet the demands of the future, and at so moderate a cost as would render it possible for the State to care for all its insane.

In conclusion, we wish especially to emphasize our dissatisfaction with the present mode of caring for the insane, and urge upon you the propriety of Iowa falling into line with those states which are striving to attain something better.

(Signed) JENNIE McCOWEN.
W. D. MIDDLETON.
J. J. TOMSON.

Submitted to the Scott County Medical Society, in special session, February 13, 1884, and approved by unanimous vote.

JENNIE McCOWEN, *President*.

D. P. MAXWELL, *Secretary*.

Motion prevailed that a copy of memorial be sent to our representatives in the house and senate, with the request that they present it to those bodies; also, that a copy be sent to the *Register*.

Adjourned.

JENNIE McCOWEN, M. D.,
D. P. MAXWELL, M. D., *President*.
Secretary.

WAPELLO COUNTY MEDICAL SOCIETY.

THE regular monthly meeting was held at the office of Drs. O'Neill & Hyatt, Tuesday, February 5, 1884. Dr. L. J. Baker, president, in the chair.

Minutes of last meeting read and approved.

On favorable report of Board of Censors, Dr. E. M. Arenschield, of Eldon, was made a member.

By request of Society, Dr. L. J. Baker read a paper on sanitation, during discussion of which, it was stated that the supply of river water was contaminated by slaughter-houses above the city.

Drs. Thrall, Hinsey, and Hyatt were appointed a committee to prepare a memorial to the city council regarding the

contamination of our water supply, said memorial to be submitted to this society at its next meeting.

On motion of Dr. Thrall, the secretary was authorized to forward each month, to the STATE MEDICAL REPORTER, a synopsis of the proceedings of this society.

Dr. J. C. Hinsey, offered the following:

WHEREAS, The Honorable Mr. Randall, of Pennsylvania, did on January eighth last introduced in the House of Representatives, "A bill to prepare and publish a national pharmacopœia for the United States, therefore,

Resolved, That our Senators, the Honorable W. B. Allison, and Honorable James F. Wilson, and our member of the lower house, from the sixth district of Iowa, the Honorable J. C. Cook, be respectfully requested to use their influence in securing the passage of said bill, or one to effect the same object.

After some discussion the resolution was adopted.

Dr. Alice M. Stark was appointed to prepare a paper for the next meeting in May.

Society adjourned.

S. A. SPILMAN, *Secretary*.

MEDICAL BILLS.

House Bill No. 332.] [By Benson.

A BILL

FOR AN ACT TO PROTECT THE CITIZENS OF IOWA FROM QUACKERY, AND ELEVATE THE STANDING OF THE MEDICAL PROFESSION.

Be it enacted by the General Assembly of the State of Iowa:

SECTION 1. That it shall be unlawful for any person within the limits of said State, who has not attended two full courses of instruction and graduated at some school of medicine, either of the United States or some foreign country, or who cannot produce a certificate of qualification from some State or county medical society, and is not a person of good moral character, to practice medicine in any of its departments for reward or compensation, or attempt to practice medicine, or prescribe medicine or medicines, for reward or compensation, for

any sick person within the said State of Iowa. *Provided*, that in all cases where any person has been continuously engaged in the practice of medicine for a period of ten years or more, he shall be considered to have complied with the provisions of this act, and that where persons have been in continuous practice of medicine for five years or more they shall be allowed two years in which to comply with such provisions.

SEC. 2. Any person living in the State of Iowa, or any person coming into said State, who shall practice medicine, or attempt to practice medicine in any of its departments, or perform or attempt to perform any surgical operation upon any person within the limits of said State, in violation of section one of this act, shall, upon conviction thereof, be fined not less than fifty nor more than one hundred dollars for such offense, and upon conviction for a second violation of this act, shall, in addition to the above fine, be imprisoned in the county jail of the county in which said offense shall have been committed, for the term of thirty days, and in no case wherein this act shall have been violated shall any person so violating receive a compensation for services rendered: *provided*, that nothing herein contained shall in any way be construed to apply to any person practicing dentistry.

SEC. 3. This act shall take effect and be in force on and after the fourth day of July, 1884.

House Bill No. 420.]

[By McVay.]

A BILL

FOR AN ACT TO REGULATE THE PRACTICE OF MEDICINE AND SURGERY IN THE STATE OF IOWA.

Be it enacted by the General Assembly of the State of Iowa:

SECTION 1. That every person practicing medicine or surgery, in any of their departments, within this State, shall possess the qualifications required by this act. If a graduate in medicine, such person shall present his or her diploma to the State Board of Health, for verification as to its genuineness. If the diploma

is found genuine, and is issued by a medical school in good standing, of which the State Board of Health shall determine; and if the person presenting and claiming such diploma be the person to whom the same was originally granted, then the State Board of Health shall issue its certificate to that effect signed by not less than five physicians thereof; and such certificate shall be conclusive as to right of the lawful holder to practice medicine and surgery within this State. If not a graduate, the person practicing medicine or surgery within the State, shall appear before said State Board of Health, and submit to such examination as said Board may require, and if such examination be satisfactory, the Board shall issue a certificate, which shall entitle the lawful holder thereof to all the rights and privileges herein provided, and the State Board of Health shall constitute and be deemed a Board of Examiners for the purposes of this act.

SEC. 2. The State Board of Health shall procure a seal within sixty days after the passage of this act, and through the secretary of said Board shall receive applications for certificates and examinations. The president, or any member of the Board, shall have authority to administer oaths and take testimony in all matters relating to their duties as examiners aforesaid. The Board shall provide three forms of certificates: One for persons in possession of genuine diplomas; one for candidates examined by the Board; and one for persons who have practiced medicine or surgery in any of its departments for twelve years as hereinafter provided. Said certificates shall be signed by not less than five physicians of the Board, and this number may act as examining board in the absence of the full Board: *Provided*, that one or more members of the different schools of medicine represented in the State Board of Health shall also be represented in the Board of Examiners. The Board of Examiners shall hold meetings at such places as will best accommodate applicants residing in different portions of the State, and at any such time as they shall deem best, and due notice of the time and place of such meetings shall be published.

SEC. 3. The Board shall examine all diplomas submitted to them for such purpose to determine their genuineness and the rightful ownership of the person presenting the same. The affidavit of the applicant and holder of any diploma that he or she is the person therein named, and is the lawful possessor thereof, shall be necessary to verify the same, with such other testimony as the Board may require. Diplomas and accompanying affidavits may be presented in person or by proxy. If the diploma shall be found genuine, and in possession of the person to whom it was issued, the State Board of Health shall, upon the payment of a fee of two dollars to the secretary of said Board, issue a certificate to the holder of such diploma, and no further fee or sum shall be demanded or collected from said applicant by said Board for such certificate. If the diploma shall be found to be fraudulent, or not lawfully in possession of the holder or owner thereof, the person presenting such diploma, or holding or claiming possession thereof, shall be deemed guilty of a misdemeanor, and on conviction thereof, on complaint of the secretary of the State Board of Health, before any court of competent jurisdiction, be fined not less than twenty dollars.

SEC. 4. Every person holding a certificate issued by the State Board of Health shall within sixty days after the date of such certificate have the same recorded in the office of the county recorder in the county wherein he resides, and should he removed from one county to another to practice medicine or surgery, his certificate must be recorded in the county to which he removes. The county recorder shall indorse upon the certificate the date of record, and he shall be entitled to charge and receive a fee of fifty cents for his services, the fee to be paid by the applicant.

SEC. 5. The county recorder shall record in a book provided for that purpose, a complete list of the certificates presented for record, and the date of their issue by the State Board of Health. If the certificate is issued by reason of a diploma, the name of the medical college conferring the same, and the date when conferred, shall be recorded; and when

such certificate shall have been granted upon the examination of the Board, or because of twelve years' practice in the State, such fact shall be recorded. Said records shall be open for inspection during business hours.

SEC. 6. Candidates for examination shall pay in advance, to the Secretary of the State Board of Health, a fee of fifteen dollars, which fee, together with the fees received for certificates, shall be applied toward the payment of the expenses of the board of examiners. Any one failing to pass the required examination, shall be entitled to a second examination within six months without fee.

SEC. 7. The State Board of Health may refuse to grant certificates to any person guilty of unprofessional or dishonorable conduct, and may revoke certificates for like causes or for palpable evidence of incompetency; *provided*, such refusal or revocation of a certificate can only be made with the affirmative vote of at least five physicians of the State Board of Health, in which number shall be included one or more members of the different schools of medicine represented in said Board; and *provided further*, that the standing of a legally chartered medical college from which a diploma may be presented, shall not be questioned except by a like vote.

SEC. 8. Any person shall be deemed as practicing medicine and surgery within the meaning of this act, who shall publicly profess to be a physician and surgeon, and assume the duties, or who shall make a practice of prescribing or who shall prescribe or furnish medicine for the sick (or who shall publicly profess to cure or heal, by any means whatsoever), but nothing in this act shall be construed to prohibit students from prescribing under the supervision of preceptors; or to gratuitous service in cases of emergency; nor shall this act apply to surgeons of the United States army and navy and marine hospital service; nor to physicians who have been in continuous practice (in this State) for twelve consecutive years—six years of which time shall have been in one locality; *provided*, such physicians shall furnish the State Board of Health satisfactory evidence of such continuous

practice, and shall procure the proper certificate as provided in this act, and for which certificate such physician shall pay to the Secretary of the State Board of Health, a fee of two dollars, and thereafter such physician shall be amenable to the provisions of this act.

SEC. 9. All persons under forty-five years of age at the date of the passage of this act, who are not graduates of any accredited medical college, and who shall have practiced medicine or surgery within this State twelve consecutive years, shall on proper application, be granted a modified certificate, authorizing such person to practice medicine or surgery for the term of three years from and after the passage of this act, at the expiration of which term such person shall present to the State Board of Health a diploma issued from some recognized medical college, or be examined by the board of examiners, and procure a new certificate, which certificate shall be recorded as provided in section five.

SEC. 10. Every itinerant vender of any drug, nostrum, ointment, liniment, or appliance of any kind, intended for the treatment of disease or injury, who shall by any method publicly profess to cure or treat disease, injury or deformity, within this State shall pay a license fee of fifty dollars each month, said license fee to be paid to the county treasurer of the county wherein such vender transacts such business or profession; and any person who shall transact any such business or profession without a license, shall, on conviction thereof, be deemed guilty of a misdemeanor, and shall pay a fine of not less than fifty dollars, and stand committed until paid.

SEC. 11. Any person who shall practice medicine or surgery within this State, without having complied with the provisions of this act, shall, on conviction thereof, be punished by a fine of not less than twenty-five dollars, and not exceeding one hundred dollars, or by imprisonment in the county jail not exceeding thirty days, for each and every day he may violate the same; and he shall have no right to recover in a civil action for services rendered.

SEC. 12. Any person who shall file, or

attempt to file, with the State Board of Health, as his, or her own, the diploma of another person, or who shall file, or attempt to file, with the county recorder the certificate of another person, as his or her own; or who shall file, or attempt to file, a diploma or certificate with the true name erased therefrom and the claimant's name inserted; or who shall file, or attempt to file, any forged affidavit of identification, such person shall be deemed guilty of felony, and upon conviction thereof shall be subject to the penalty provided by the statutes of this State for the crime of forgery.

SEC. 13. No action for the recovery of damages for malpractice, shall be begun within this State, against any lawfully licensed physicians, unless the plaintiff shall, on filing his petition, give a good and sufficient bond, and security for costs.

SEC. 14. The penalties provided in this act, for violations thereof, shall not be enforced prior to the first day of January, A. D. 1885.

SEC. 15. All acts and parts of acts in conflict with this act are hereby repealed.

SEC. 16. This act being deemed of immediate importance shall be in full force and effect from and after its publication in the *Iowa State Register* and *Iowa State Leader*, newspapers published at Des Moines, Iowa.

DEATH OF MRS. DR. MACQUIGG.—On February 2, occurred the death of Mrs. Dr. MacQuigg, one of Lyons' most esteemed citizens, of that dread disease, consumption, from which she has been a sufferer for nearly thirty years. Deceased was born in the State of New York, in May, 1831, and in 1854 was married to Dr. MacQuigg, then a rising young physician of Camanche. There they resided until eighteen years ago, when they made Lyons their home.

Deceased leaves a husband and one daughter to mourn the loss of an affectionate wife and mother. The funeral services occurred at her late residence; Rev. McCluer, officiating. Among those present at the funeral were Dr. and Mrs. Jackson, of Epsworth, Iowa.

SOCIAL notes are omitted this month on account of medical legislation.

THE
Iowa State Medical Reporter.

DES MOINES, FEBRUARY, 1884.

EDITORIAL.

DISSECTING MATERIAL.

IN our last issue, and under the above heading, "Dissecting Material," we called the attention of the profession to the necessity of providing for a fixed and legitimate source for the supply of material for dissection. A bill very much like that of Pennsylvania, that has lately passed both branches of the legislature of Virginia, provides so well for the disposition and distribution of the pauper or unclaimed dead, that we present it to our readers as we find it in the *Virginia Medical Monthly*:

"A BILL

TO PROMOTE MEDICAL SCIENCE, AND TO PROTECT GRAVES AND CEMETERIES FROM DESECRATION WITHIN THE COMMONWEALTH OF VIRGINIA:

"SECTION 1. *Be it enacted by the General Assembly of Virginia:* That the professors of anatomy, the professors of surgery, and the demonstrators of anatomy of the schools and colleges of this Commonwealth, which are now or may hereafter become authorized by law to teach medical science and issue diplomas, shall be, and are hereby, constituted a board for the distribution and delivery of dead human bodies, hereinafter described, to and among such persons as under the provisions of this act are entitled thereto. The Professor of Anatomy in the Medical College of Virginia, at Richmond, shall call a meeting of said board for organization at a time and place to be fixed by him within thirty days after the passage of this act. The said board shall have full power to establish rules and regulations for its government, and to appoint and remove proper officers, and shall keep full and complete minutes of the transactions; and records shall also be kept, under its direction, of all bodies received and distributed, which minutes and records shall be open at all times to the inspection of each member of said board

and of any Commonwealth's attorney of any corporation within this State.

"SEC. 2. All public officers, agents, servants, and all officers, agents, and servants of any and every city and other municipality, and of any and every almshouse, prison, morgue, hospital, jail, or other public institution in such cities and municipalities, having charge or control over dead human bodies required to be buried at the public expense, are hereby required to notify the said board of distribution, or such person or persons as may from time to time be designated by said board, or its duly authorized officer or agent, whenever any such body or bodies come to his or their possession, charge, or control, and shall, without fee or reward, deliver such body or bodies, and permit and suffer the said board and its agents, and the physicians and surgeons from time to time designated by them, who may comply with the provisions of this act, to take and remove all such bodies to be used within this State for the advancement of medical science; but no such notice need be given, nor shall any such body be delivered, except in the case of criminals, if any person claiming to be, and satisfying the authorities in charge of said body that he or she is, of kindred or is related by marriage to the deceased, shall claim the said body for burial, it shall be buried, and the expense of said burial shall be a charge upon the State, county, or districts, as now provided by law; nor shall the notice be given or body delivered if such deceased person was a traveler who died suddenly, in which case the body shall be buried.

"SEC. 3. The said board or their duly authorized agent may take and receive such bodies so delivered, as aforesaid, and shall, upon receiving them, distribute and deliver them to and among the schools, colleges, physicians, and surgeons aforesaid in manner following: Those bodies needed for lectures and demonstrations by the said schools and colleges, incorporated and unincorporated, shall first be supplied. The remaining bodies shall then be distributed proportionately and equitably, preference being given to said schools and colleges; provided, however, that after the said bodies shall have been sufficiently used for the purposes of instruction, they shall be decently interred by said schools, colleges, physicians, and surgeons receiving them. Instead of receiving and delivering said bodies themselves, or through their agents or servants, the board of distribution may, from time to time, either directly or by their authorized officer or agent, designate physicians and surgeons who shall receive them, and the number which each shall receive; provided, always, however, that schools and colleges, incorporated and unincorporated, and physicians

or surgeons of the city where the death of the person or such persons described takes place, shall be preferred to all others; and provided, also, that for this purpose such dead body shall be subject to their order in the city where the death occurs, for a period not less than twenty-four hours.

"SEC. 4. The said board may employ a carrier or carriers for the conveyance of said bodies, which shall be enclosed in a desirable encasement, and carefully deposited free from public observation. Said carrier shall obtain receipt by name, or, if the person be unknown, by a description, of each body delivered by him, and shall deposit such receipt with the secretary of the said board.

"SEC. 5. No school, college, physician, or surgeon shall be allowed or permitted to receive any such body or bodies until a bond shall have been given to the Commonwealth by such physician or surgeon, or by or in behalf of such school or college, to be approved by the Commonwealth's attorney of the city or corporation in and for the city or corporation in which such physician or surgeon shall reside, or in which such school or college may be situated, and to be filed in the office of the clerk of said court, which bond shall be in the penal sum of one thousand dollars, conditioned that all such bodies which the said physician or surgeon, or the said school or college shall receive thereafter, shall be used only for the promotion of medical science within this State; and whosoever shall sell or buy such body or bodies, or in any way traffic in the same, or shall transmit or convey said body or bodies to any place outside of this State, shall be deemed guilty of a misdemeanor, and shall, on conviction, be liable to a fine not exceeding two hundred dollars, or be imprisoned for a time not exceeding one year.

"SEC. 6. Neither the Commonwealth, nor any city or municipality, nor any officer, agent, or servant thereof, shall be at any expense by reason of the delivery or distribution of any such body, but all the expenses thereof, and of said board of distribution, shall be paid by those receiving the bodies in such manner as may be specified by said board of distribution, or otherwise agreed upon.

"SEC. 7. That any person having duties enjoined upon him by the provision of this act who shall neglect, refuse, or omit to perform the same as hereby required, shall, on conviction thereof, be liable to a fine of not less than one hundred dollars nor more than five hundred dollars for each offense.

"SEC. 8. If any person unlawfully disinter or displace a dead human body, or any part of a dead human body, which shall have been deposited in any vault or other burial-place, he shall be deemed

guilty of a felony, and shall, on conviction, be confined in the penitentiary for not less than five nor more than ten years.

"SEC. 9. That all acts or parts of acts inconsistent with this act be, and the same is, hereby repealed.

"SEC. 10. This act shall be in force from its passage."

In section 2, of the above bill, the officials, agents, etc., are *required* to notify, instead of *may* notify, the board of distribution. This compels notification and delivery. We believe this is a wise measure, and we fully endorse it. It will result in practically abolishing the midnight raids of ghouls, and the traffic in dead bodies—each of which so justly excites public indignation. This section further provides that the claimant of the dead human body, described in this section, shall be a kindred, or connected by marriage ties, in order to gain possession. This provides against the public and clanish sentimentalism which is so prevalent, and which prevents a legitimate supply of dissecting material for those purposes that experience has shown to be a necessity. This bill contains many other good points, and we hope its substance will find such favor in the eyes of some member of this present legislature as will induce him to present and father a bill that will protect the public, and at the same time provide, after the manner of the Virginia bill, for a legitimate source for supplying material for dissection.

MEDICAL BILLS.

THE prospect of any medical bill becoming a law during the present session of the legislature is very poor. Three bills have been filed; of these, the first, H. F. 26 (see January number of the REPORTER), has not been heard from. Of the others, filed quite recently, one called, the citizens' bill, H. F. 332, like the first, has little merit. The last, H. F. 420, by

McVay, is in substance the bill presented two years ago. This bill makes adequate provision for its enforcement, and in this respect is good; but from the work of the majority of bills of this kind now in force in other states, the beneficial results to the public will be very limited, and the "elevation of the standard of the profession," except the cutting off of the tail end, will be still more limited. From the fact, that we believe that the majority of the regular profession desire to have some bill of this character become a law, therefore, provided nothing better is presented, either as an original bill, amendment, or substitute, we would be glad to see it become a law.

We believe in medical legislation; we also believe that it must be free from apparent or real "class legislation," and that it should come from the people or should accord with public sentiment. Bills from the regular profession should be formulated in strict accordance with the present requirements of the code, if their object is to regulate and legalize the practice of medicine. And all such acts, legalized to one standard, must equalize in the eyes of the law; this of itself is an absurdity, and, in the eyes of the public, is an injustice, as is demonstrated by our partial canvass among the present legislative body, and from the hundreds of well grounded remonstrances, received by it, from the people.

The object of all legislation should be for the benefit of the greatest possible number. This object should imply a *want*. We believe that the present *want* is the protection of the people against incompetency and charlatanism covered by assumed titles, advertisements, and promised impossibilities. The elevation of the profession should be left to itself.

When we referred to legislation in a previous number of the REPORTER, we

advocated a process of "labeling," which, if carried out, would embrace as its principal points the following, together with such necessary provisions for its execution and for penalties: The executive to appoint a board of regents or examiners consisting of men chosen wholly by reason of their great proficiency in some one or more of the branches required of physicians. This board to be wholly unconnected with any public or private institution that may in any way cause a preference or may influence a decision. The men and women, irrespective of diploma, term of practice, school, sect, or ism, of medicine, are to pass a suitable examination, which shall certify that they have attained a certain degree of proficiency before they can practice under the laws of Iowa. All examinations should be made in writing, and every applicant should pass a thorough examination (the first degree) in anatomy, physiology, and hygiene. Every applicant who desires to practice general medicine and surgery shall show a general standard degree of proficiency; in addition to this general standard there should be several higher degrees, each of which showing to the public that the possessor has a greater degree of proficiency. If the candidate should pass the requirements of the first degree of proficiency, and not the standard, he shall be allowed to practice in such other branches in which he has shown, by his examination, a suitable proficiency. In establishing additional degrees of proficiency below the standard and above the first degree, the board shall recognize and define degrees for all of the several classes of physicians, known and recognized by the public. Each of these several degrees must, however, be in addition to the first. This will result in giving to the people each man's proficiency; will

debar no one, except for incompetency; will guard no special class, except by the law of competition; will protect the public against charlatanism and false representations; and will, in a natural way, elevate the standard of the profession.

We believe the above ideas are theoretically correct; and, although they cannot be made entirely practical, we believe they will do more towards advancing the interests of the public in medical legislation than any others. We are satisfied that the later attempts at legislation in other states are all leading in this direction. As long as the public want, recognize, and patronize the several classes who are not regulars, legislation should necessarily recognize all classes.

CORRESPONDENCE.

KNOXVILLE, IOWA, Feb. 2, 1884.

To The Iowa State Medical Reporter.

In your November issue there is an article, taken from the "*Texas Courier Journal of Medicine*," entitled "Medical Financial Association," which was read at a recent meeting of the Knoxville Medical Society of this city. As this society have somewhat similar by-laws in force, the society requested the secretary to send you a synopsis of them for publication in the REPORTER; and to signify the willingness of the society to co-operate with other such societies, for the mutual protection of their members from "professional dead-beats," by whom the physicians in every community are afflicted. It is not intended to prevent the "worthy poor," from receiving charitable attendance by the physician. The plan works *admirably* so far. The following is a sketch of our by-laws on this subject:

I. It shall be the duty of the secretary to keep a book in which he shall record the names of such delinquents as shall refuse, or neglect to settle their accounts, and the name by whom reported. Said

book shall be open at all times for the inspection of the members.

II. It shall be the further duty of the secretary, when any of said delinquents shall remove to some other locality, to notify the medical society of the locality to which said delinquents have removed, of their delinquencies. If no such society exists, he shall then inform the individual physicians, and in either case, request a return of the favor.

III. It shall be the duty of each member of this society to return the names of such of his clients as shall refuse or neglect to settle their accounts for medical service rendered, when called upon so to do, giving at the same time the excuses offered for such refusal or neglect, if the reporters so elect.

IV. It shall be the duty of each member to keep a list of these delinquents, and when called upon by said delinquents, he shall refer him to said dead-beat list, and demand the fee to be paid in advance. If this be declined he shall be recommended to consult the member who reported him, and he also shall demand his fee in advance.

The penalty for disobedience of these by-laws is the most severe, being expulsion from the society.

F. J. WRIGHT, *Secretary.*

G. P. HANAWALT, M. D., of Des Moines, has been appointed Surgeon-general of Iowa.

TONGALINE.—"We wish to call the attention of our readers to this new remedy for neuralgia and rheumatism. Having a case of neuralgia recently, which did not improve under the ordinary treatment, we had Messrs. Bush & Co., order some Tongaline for us which we gave to our patient. It acted admirably, relieving the pain before many doses had been taken. Since then we have prescribed it several times, and with the same good results.

"We believe Tongaline is destined to become *the remedy* for neuralgia and rheumatism, and surely the testimonials from noted physicians and surgeons tend to strengthen such a prediction.

"Try Tongaline and you will thank us for the suggestion."—(From January, 1884, number of *Easton Medical Journal*, Worcester, Massachusetts.)

—THE— IOWA STATE MEDICAL REPORTER.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. 1.

DES MOINES, IOWA, MARCH, 1884.

No. 9.

ORIGINAL ARTICLES.

ANNUAL ADDRESS TO THE GRADUATING CLASS OF THE IOWA COLLEGE OF PHYSICIANS AND SURGEONS.

BY J. WILLIAMSON, M. D., OTTUMWA.

So many subjects of interest are before the profession to-day, that in consenting to speak to you this evening I was embarrassed in making a choice. The thought, however, that your long confinement to matters strictly scientific might lead you to welcome topics of less weight, has induced me to direct your attention for a little time, to matters of a more personal nature.

You are about to receive your diplomas and to be fully inducted into your chosen profession. The standard which your *alma mater* has set up as a condition of graduation, is one that will not fail to obtain you a welcome among members of the medical profession wherever you may go. I do, therefore, most cordially congratulate you on the completion of your course of study, and as a member of this profession, I welcome you to its responsibilities, its honors, and its rewards. You have now to learn more than you have heretofore supposed, that the physician's life has its personal and social, as well as its scientific aspects.

NOT ALLOPATHIC DOCTORS.

I need hardly say that the diploma just placed in your hands represents no *isms*, *pathy*, or *sect* in medicine. I refer to this because some who know better, and others who do not, will characterise you as "allopathic" doctors, implying by the

term allopathic that you are adherents of a long obsolete dogma or speculation concerning the essence of disease, and the manner in which medicines act in eliminating it from the system. The sixteenth century was of great intellectual activity, and philosophers of that period essayed the solution of the most intricate problems of nature, including those of disease and its treatment, by means of the logical faculty. It had been handed down to them from the great lights in medicine, as a doctrine not to be questioned, that diseases were so many distinct entities that had obtained entrance into the body, and which must be expelled by medicines whose properties were in some way intimately related to the entities to be expelled, and that that relation must of necessity be one of *similarity*, *contrariety*, or *indifference*. No other relation or mode of action, it was said, was conceivable; hence the terms homœopathy, antipathy, and allopathy came into use as descriptive of the modes in which remedies were supposed to act in the cure of disease. Men distinguished for learning and brilliancy of intellect, were arrayed in defense of one or another of these propositions, and sought to demonstrate its truth, not by clinical observation or experiment, but by logical processes. Here, then, are the origin and the significance of the terms which came to designate these sects in medicine. Now, if there is to-day, anywhere, a believer in antipathy or allopathy, I am safe in saying nobody knows it. All controversy on these questions ceased long ago, without leaving a survivor who cared to be heard on the subject at all. Homœopathy too, died the same natural death at the same time, but

was revived by Hahneman some two hundred years later, and made to do service in connection with his fancies or infinitesimals and "spiritualizing" of medicines, and it is now under condemnation of the "second death." If, therefore, any one of you is expecting to be an "allopathic" doctor, my advice is that you return to the president your diploma, for I am quite certain you are not a legitimate son of this college. It is sufficient that you are known as a physician, or if a distinguishing adjective must be used, let it be the word "regular" which contains no theory or dogma on the nature of disease or its method of cure.

GETTING A PRACTICE.

Generally this is slow work, but you may enter upon it with confidence in your final success. Competition will confront you go where you may. Make the acquaintance of your competitors, call on them at their offices. Let your demeanor be characterized by frankness and becoming modesty. Don't say by any conduct of yours that a first-class doctor has just arrived, and that he has "got a corner" on the late improvements in medicine. An old doctor would be quick to perceive any such assumptions of superior knowledge, and would be very apt to give you a severe letting alone. Show yourselves deserving, not too aggressive, and you will find physicians your best friends and surest helpers. Therefore, cultivate their good will, and don't for a moment suppose that because the old weather-beaten doctor has lost some of the technicalities of his profession, that he has lost his skill as a practitioner. On many points he may be rusty where you are now bright, but you may rely upon it he has a key to secrets that you can have in no other way than through years of earnest toil. However slow in getting a practice, and however great your needs, you must be quiet and not seek to work it up as a book agent works up his business. This would prove fatal to your dearest hopes. This waiting will test the kind of stuff you are made of. It need not however, be a time of idleness or suspended animation with you. But you cannot turn aside to earn an honest penny at something else. You must stand by your colors. Medicine is

a jealous mistress, and will tolerate no rivals; all or none is her decree. But as a member of what is presumed to be a learned profession, it will always be in order for you to be engaged with your books. Keep your office looking neat and attractive, with some of the best and freshest periodicals upon your table. You should be a subscriber to at least one medical journal—more than one if you can afford the cost—not that you will need them to keep yourselves informed of the latest novelties in practice, for it is sufficient that you utilize the acquisitions that have stood the test of experience, but you will need them for the news, and to keep yourselves in the current of the latest medical thought. In surgical practice, especially, be careful to keep yourselves supported by the best authorities on the subject, lest you get into the courts to the great injury of your reputation. While waiting for practice you will do well to brush up in history, poetry, and miscellaneous literature. You are in danger of being narrow through the abundance and cheapness of professional literature. Strive against it, aim at a broad culture; the model physician is not a onesided creature; he is something more than a respectable practitioner made up in chief of cultivated instincts. Cultivate good manners, and in your intercourse with the sick whether rich or poor, learned or ignorant, be gentle, courteous and kind. No amount of learning will compensate for the absence of these qualities. Never deprive the sick of the hope of recovery, first, because you may be mistaken in your opinion as to the fatal character of the disease; and, second, because of its injurious effect upon the patient. Never gossip with or about your patients. Incontinence of speech will ruin any doctor, and justly so. Keep a case-book, one of your own making, and enter in it a full record of all the important features of any case of particular interest; by so doing you will get a clear mental picture of the case, and by practice you will make pen work easy. A physician should always appear well on paper.

UNREMUNERATIVE WORK.

It is expected of physicians that they will

do a great deal of work for which they receive no pecuniary compensation. This is especially true of what is called *preventive medicine*. The true physician has his eyes always open to detect the sources of contagious diseases, and as a consequence often finds himself in the anomalous position of one advising against his own pecuniary interests, and receiving as his only reward, the curses of those whose lives have been spared by such advice. John Smith has been careless, and allowed his drain to become obstructed. His neighbor's well has become contaminated, and an epidemic of typhoid fever, scarlet fever, or diphtheria is likely to originate from such neglect. Now you may not stop to speculate on how much such an epidemic would bring to your depleted purse, but you will at once inform the health officer of the danger, and John Smith receives notice that his drain must be kept open. You are very soon made to understand that you have been meddling with matters that did not concern you, and John Smith's opinion of you, which is none of the best, is freely circulated among his neighbors. I know of no other calling in which a man is in duty bound to use his professional knowledge, and exert his influence at all times against his own interests and for the safety of others, and receive for pay the curses of parties benefitted. Not only in such ways, but in many others, must the physician be the servant of the public, looking to conscience for his reward.

UNCERTAINTY IN MEDICINE, AND THE GROUNDS OF A RATIONAL OPINION.

You will often be pressed by anxious friends, for an opinion as to the probable duration and termination of the case in hand. Such anxiety is natural, and they naturally look to you for an answer to their questions. Now it would be exceedingly foolish for you to assume the *role* of an oracle and pronounce positive opinions on such a question, as though the book of Life were in your keeping. And, yet, you must have rational opinions, and be prepared to satisfy in some measure the minds of friends. I need not remind you that uncertainty in medicine has been a theme for medical sceptics of all times, nor need I say that medicine lays

no claim to being an exact science. We hardly venture to hope that it will ever reach such perfection. How, then, are you to have rational opinions and be able to predict the future course, and ending of any case committed to you for treatment. In respect to scepticism in medicine, I may digress so far as to say that practically there is no such thing. No man ever allows his want of faith to stand in the way of his seeking medical aid when needed. The scepticism met with in the writings of certain authors, is the scepticism of the theorist and not of the sufferer, and represents his own mental confusion over the discordant opinions of medical scholars, rather than his want of faith in the curative virtues of medicines. Before the inductive method of investigating natural phenomena was made use of, all science was in a sad plight, and all medical treatment was the outgrowth of the prevailing philosophy of the time. But by means of this method a sure foundation has been laid for a medical philosophy, and of late years we hear but little about uncertainty in medicine. One of the last of this class of writers was Sir. John Forbes, an English physician of little practical ability but of extensive learning, and for a time physician to the Queen's household. His faith in medicine suffered an eclipse when he saw the sick recovering when treated by homœopathic dilutions, or colored water, almost as soon as when treated in the regular way. While under this reaction he wrote extensively, portraying in strong colors the chaos of medical opinion and the inutility of all treatment. It is these writings of Sir. John Forbes, that would be sceptics and sects in medicine are so fond of quoting against the regular profession, as if the indictment would hold against the present state of opinion and practice. Within the last thirty years a most wonderful change has been wrought. A great number of the most eminent minds of all countries have been actively at work studying facts and their co-ordination, and a body of general principles has thus been reached which, to the educated physician constitutes a safe guide, and gives a certainty in the practice of medicine not equaled in any other profession. I risk nothing in saying, that

there is to-day less conflict of opinion in medicine than there is in Theology, law, political economy, or any other vocation not based on mathematical calculations. The natural history of disease, its orderly development and tendencies, and the modifications to which it is subject by treatment, and the statistical showing of collected observations covering wide fields of experience furnish ample data for a prognosis in any particular case

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PROFESSIONAL CONSULTATIONS

is a subject that will sooner or later cause you some annoyance, for it seems impossible for the laity to understand why a regular physician cannot consult with a homœopathist, or with any one who may choose to call himself a doctor. There is no law in Iowa regulating the practice of medicine, and the consequence is that a most motley set have come together within her borders. Looking out upon the fields, so various are the shades, one is reminded of Jacob's flocks, all speckled and spotted and streaked, while many of these self-styled doctors are about as wise in medicine as Rev. Jasper is in astronomy. Here are the herb doctor the Indian doctor, the cancer doctor, the rubbing doctor, the magnetic healer, and many others, some of whom boast that they have never learned to read. These pretenders have an equal right with yourselves to practice medicine in Iowa. Why this is so, is a question we would be glad to have our present legislators answer. It was one of the wise sayings of Lord Beaconsfield, that, "the health of the people is the first care of the statesman." Other interests are not so neglected. No one can practice law without first undergoing an examination and obtaining a license. No one is permitted to teach in our public schools, without a certificate setting fourth that the party has been examined and found competent. There is a law, in regard to stock running at large, and one defining what shall constitute a lawful fence, all of which means that your neighbor's corn and cabbage shall not be injured. Now in the eye of a political economist, the cash value of a middle aged, healthy man is sixteen hundred dollars, and that of a woman about

one thousand, yet it is deemed good statesmanship to save the cabbage and let the men and women go! Don't understand me to speak depreciatingly of cabbage; no, no! I only mean to say that in my judgment, the health and lives of the people are proper subjects to be looked to by our law-makers. Other states protect their citizens against such ignorant pretenders. In 1878 Illinois put a law on this subject in force, and within one year no less than fourteen hundred left the state, or gave up practice. We know it to be a fact, that a large number of these made for Iowa like frightened chicks for the mother hen, and Iowa with a true motherly instinct extended her sheltering wings, quieted their palpitating hearts, and they have kept up their work, and now are petitioning our legislature to be let alone. As to recognizing such, you will not of course do anything of the sort. But here, too, are the

ECLECTICS AND HOMEOPATHISTS,

each claiming to be the true exponent of scientific medicine. What reason can you give for declining consultations with them? Bear in mind that as regular physicians you have no standards to defend, no stereotyped methods that you may not give up whenever anything better is offered in their place. Progress must be your watchword, and progress means change. Therefore when a new issue emerges to the surface don't be in haste to reject it, for it may be that there is enough in it to claim your attention, and if there be just a little that little is yours as much as the sunshine of heaven. The central truth of most of the sects in Medicine is one that has been severed from its legitimate connection with the great body of medical facts and magnified out of all proportion to its just value. Playing upon a harp of one string, they are necessarily narrow and exclusive in theory and practice. The Eclectic starts with the assumption that in that vast subdivision of nature, the inorganic, there is very little which the physician can utilize, and on this negation he erects what he is pleased to call a "School" of Medicine. I am not here to controvert this assumption but I will say that if he could supply us from his limited resources all that is needed

for the successful treatment of the many forms of disease we might afford to submit to curtailment; or if it were not a matter of testimony, accumulated and strengthened by centuries of experience that many of our most highly valued curative agents are drawn from the mineral kingdom, then, too, we might afford to wait before protesting against their exclusion.

In any proposed consultation, therefore, the Eclectic cannot meet you as one physician should meet another, free from all bias and prejudice, for he has already prejudged the treatment so far as to have set aside in advance of any consultation the very remedy, it may be, which your judgment would dictate as the best of all. "Have you formed an opinion as to the guilt or innocence of the prisoner at the bar?" is a question to be answered before the party is permitted to take part in trying the cause. If he has he is not wanted. This, then, is the situation as between yourselves and the eclectics. And how far the exigencies of any particular case may justify you in ignoring these considerations is a matter for you to decide.

But with the homeopathist the situation is infinitely worse. Here the negation is practically complete. He represents nothing, absolutely nothing!! I speak of the genuine homeopathist, and not of one that every day plays false to his own therapeutical dogma, and resorts to appreciable, and often times heroic doses: these latter are the ones you will meet with; the genuine you will meet with now and then but he is a medical "dodo". Between you and him there is not an inch of ground on which you can come together until he surrenders his distinctive notions on the potency of his attenuations as did Dr. Kidd in the case of Lord Beaconsfield, when Dr. Quain consented to consult with him. As a "school" of practice it is virtually a thing of the past. In Germany where it had its birth and where it achieved its first triumphs over the lessons of human experience it has no more hold to-day than witchcraft. It is no longer taught in a single one of her Universities. Where it has not been formally abolished it has ceased to draw classes and for this reason is not taught. In England it lingers among the clergy who dis-

pense pellets among the poor of their parishes. Its chief strength at present is in the United States, and especially in the west where the virgin soil grows so many curious things. In the City of New York there is not to-day a single periodical devoted to its advocacy. Some two years ago the *New York Homeopathic Times* dropped the word "homeopathic" from its title and since then there has been no journal to represent its aims; and about the same time the leading homeopathic society of that city openly renounced the system. So far as State teaching is concerned it is left for Iowa and Michigan in the exuberance of their liberality to do what all other states and governments either refused to do, or doing, have witnessed its failure on their hands.

But homeopathy has not been without its lessons, and one of them is that in medicine as in religion, delusions are not killed by attacking them and exposing their fallacies. Never was error more thoroughly exposed and held up to the ridicule and contempt of intelligent men than was this, and yet for a time it seemed to gain strength and increase in spite of these exposures. Nevertheless it was doomed, for it is one of the functions of Time to dissipate delusions that have resisted the light of reason and the force of demonstration, and we may, therefore, wait patiently for their end; nor must we wait as heretofore, for Science in her augmented strength is preparing to lay her imperial hand on this and that and to say what shall live and what shall not live.

Think not that I have misstated the scientific or historical *status* of homeopathy because you see some of its representatives, or quondam representatives about you. The wave of its propagation started on the Old Continent and moved westward; the wave of its extinguishment is pursuing the same course. What I have said is confirmed by the testimony of intelligent observers who have visited the old countries and their institutions of learning, and still stronger statements may be read in the XII Vol. of the *Encyclopaedia Britannica*, issued in 1880.

MORAL COURAGE NEEDED.

The vocation you have chosen is one de-

manding at times the highest order of of courage. You must face alike the winter's storm and summer's heat. You can plead neither bodily fatigue nor moderate illness. "To go" is in the contract and go you must if at all possible. But this is not the kind of courage to which I refer. You must expose your lives to the contagion of deadly diseases; you must come into contact with the sick when to do so will expose, not yourselves only but loved ones at home; you must do this again and again and often as duty calls. That you will do so and without hope of pecuniary reward will but repeat the experience of all physicians. The minister of the gospel may suspend the functions of his sacred office, and kind neighbors extend their sympathies across lots, but you must walk with undaunted step while the pestilence rages.

It was in 1848, was it not? that an Epidemic of Cholera broke out in Norfolk, Virginia; so deadly in character was it and so rapidly did it spread that the city was soon panic stricken and all who could left at once. Resident physicians were soon exhausted from overwork while some of them fell victims to the fatal scourge. A cry for help went out, and here and there coming up from town and country might be seen physicians leaving home and friends heedless of personal danger hastening to rescue the perishing. For days the pestilence raged, and as one after another of these brave ones fell others went forward to take their places. It was a time of the deepest gloom. Silently and alone they walked deserted streets, by day and night engaged in a combat wherein no martial music or battle's din was heard to support their courage. The pestilence came to an end, and so too did the lives of *forty* of these brave ones who had come forward at duty's call. They died and were buried; yes, *hastily* buried and there their story ends. No stately shaft marks their resting place. Few indeed have ever heard that any such precious offering was there made on humanity's altar; and why? Because it is expected that physicians be always ready to do just as they did. Nothing remarkable it, therefore so soon forgotten.

Religion may count her martyrs; Patriotism may point to blood-stained fields

made historic by deeds of heroism; and Science may boast votaries whose lives went out in Arctic snows, but I know of no instances that transcend in sublime moral heroism the self-sacrifice of these forty forgotten worthies; and none whose names more deservedly belong on the roll of the Immortals.

With such courage, then, and with such devotion to your high calling go forth to your respective places in this busy world; and may it be that what is at first with you but an intellectual excitement, or a method of obtaining a subsistence, shall grow into principle having its seat deep in your hearts and whose exercise shall be an act of worship acceptable to God.

BRAIN LESION ACCOMPANYING PREGNANCY.

BY D. S. FAIRCHILD, AMES.

I WAS called to see Mrs. J. on Sunday evening January 14, 1883, but was unable to make my visit until the next morning. I obtained however the following history: She was seven months pregnant. Three days previous certain mental peculiarities were observed; memory became impaired especially for recent events which appeared to her more like an interrupted dream and presented ludicrous features; even religious matters which she had held previously as sacred, provoked unseemly mirth. Associated with this condition, was a severe pain occupying the right fronto-parietal region. During the last twelve hours this condition had given place to mental indifference and an increase of pain. She had also lost in a measure the control of her left arm and left leg, indeed for several days it had been observed that she was unable to hold things firmly in her left hand. I prescribed a mixture of Chloral Hydrate and Bromide of Potassium and a solution of Acetate of Potass. On the morning of my visit I found the symptoms as above described except that the mental habitude had somewhat increased and the pain in the head somewhat lessened; this was, in a measure, no doubt, due to the influence of the Chloral. She answered questions slowly and with great deliberation as if troubled to find the exact language in which to express herself.

The paralysis of the left arm was complete and of the left leg nearly so. There was some twitching of the right leg. The foetal motion was no longer felt, nor could I distinctly hear the heart beat. There was some œdema of the lower extremities. I examined the urine but could find no albumen nor tube casts; there was however, present a large quantity of the phosphates.

I had been apprehensive of uremia and had based my treatment on that hypothesis. I now determined the case to be one of reflex irritation lesion involving the right motor area and extending more or less widely into the non motor regions of the frontal lobes. I at once considered the question of premature delivery as I believed this condition to be the initial factor in the production of the symptoms. After careful deliberation, however, I concluded to wait until the effect of remedies had been observed. Absolute quiet was enjoined, and morphia administered to the extent of procuring sleep, and relief from pain was exhibited. Chloral and the bromides were prescribed in connection with morphia. The kidneys and bowels were kept active by suitable remedies and diet carefully attended to.

The next day I found less habitude of mind and less headache which may be ascribed to the morphia.

This general plan of treatment was continued until February sixth, with slow but decided improvement of all the symptoms. The paralysis, however, never improved to the extent of any considerable control of the extremities, nor did the mind become clear; recent events were quickly forgotten and accurate conceptions of time and events could not be formed. Faces and names were accurately remembered and could be properly pronounced but it was difficult and frequently impossible to find language to construct propositions concerning them, although the idea seemed to be perfectly formed. At the above mentioned date it became apparent that the cerebral disturbance was becoming rapidly intensified. She could answer questions only with the greatest difficulty and after great hesitation, and finally she could only pronounce names and yes and no, but with-

out reference to whether the question involved an affirmation or negation, and apparently imagined the reply was correct. The same difficulty arose when she attempted to ask any little attention from her nurses, and she seemed greatly annoyed because no one could understand her. The pain in the right tempero-frontal region became very severe, and at the time of my visit in the evening the right pupil was greatly dilated and immovable while the left was normal. There was also considerable twitching of the muscles of the right leg, so much, indeed, as to require constant watchfulness to keep it covered. It now became apparent that safety lay only in the speedy emptying of the uterus. The eighth month was now a little more than completed; the os presented the condition usually found at this period of uterogestation. I acted on the theory already formed of primary irritation lesion of the right motor area which now appeared to be rapidly extending even to the involvement of the left side of the brain. A soft rubber catheter was accordingly introduced between the membranes and the walls of the uterus. At this time she had lost all consciousness of her surroundings and had passed into a mild form of mania. In the morning signs of labor appeared, an examination made at 11 A. M. showed the os to be dilated to the extent of one-half inch. The occurrence of the pains was revealed by an increased restlessness which became marked as the afternoon advanced. Examinations made from time to time showed the os to be slowly dilating and at 9 P. M. she was delivered of a rather vigorous female infant. During the latter stages of labor occasional outbreaks of mania occurred when she would resist the necessary efforts for her relief and attempt to get out of bed. After she had been made comfortable efforts were made to give her some refreshment but she could only be induced to take some milk from her mother. As she had not slept for 72 hours a mixture of morphia and chloral was administered, concealed in a small quantity of milk, which obtained for her three hours of refreshing sleep. The next morning I found her in about the same condition, although she had had some refreshing sleep. The mania contin-

ued about the same, she recognized no one and did not appreciate any thing that had transpired. It was with difficulty that she could be induced to take any nourishment. I prescribed Iod. Potass. 5 grs. three times a day, and a morphia and chloral mixture to be taken whenever she was restless or sleepless. The medicines, however, could not be given with any regularity, in fact it may be stated she could be induced to take but very little. The chief element of treatment consisted in as nourishing a diet as possible. Her bowels and kidneys acted well, but the urine still contained a considerable amount of the phosphates. Her appetite soon improved and with it her general nutrition. After about a month, a slight improvement of the paralysis was recognized. Her mind still wandered and her conceptions were infantile in character. After three or four months more she began to learn her friend's names, and could be made to understand in an imperfect manner that the infant was her own. She could also walk a little with her husband's aid and could move her paralyzed arm to a limited extent. She would often sit in her chair for hours in a listless manner, sometimes answering questions, but more frequently giving no attention to what was said to her or to what was transpiring about her; she was, indeed, a veritable insane hemiplegic.

From this time she steadily improved and now, after a year, she is able to walk about and can use her paralyzed arm although her movements are somewhat uncertain. The pupils are normal but her intellect is much impaired, and a considerable watchfulness needs to be exercised over her movements. She recognizes her friends and can construct simple sentences, but slowly, and is still frequently at a loss to find the proper word.

The improvement which appears to be going on seems to promise that some part of her former intellectual power may be restored, but will probably always remain in a state of unstable equilibrium.

After examining her case in the light of the subsequent history, I have not been disposed to materially modify my early diagnosis. I believe that the cerebral lesion was secondary, the initial factors re-

siding in the uterus and through nervous transmission profoundly modifying the cell activities of the brain, giving rise no doubt in time to certain degenerative changes in that organ the extent of which cannot be accurately determined but probably involving the ascending parietal and ascending frontal convolutions of the right side, and to a greater or less extent the frontal convolutions of both sides. The evidence that the latter area was involved is found in the fact that there was from the first more or less mental disturbance which finally culminated in the amnesic form of aphasia and at last mania. The theory that the speech centres lie in the inferior frontal convolution and insula would imply the participation of this region in the disease process at a later date, and this would appear to be true, but in a lesser degree, from the fact that this function was the first to show indications of improvement. Next in the order of improvement was the intellectual functions coincidently with improvement in the motor activities. If the theory be true that in certain brain diseases, the cells undergo degenerative changes which may be recovered from if the cells with their nuclei are not entirely destroyed, we may hope in this case that in time the processes of regeneration may restore the brain to its former integrity.

IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, IOWA, March 1, 1884.

Movement of population for February, 1884:

| | Men | Women | Total |
|------------------------------|-----|-------|-------|
| Remaining, January 31... | 322 | 248 | 570 |
| Admitted, curable cases... | 2 | 3 | 5 |
| Admitted, incurable cases... | 13 | 4 | 17 |
| Whole number treated... | 337 | 255 | 592 |
| Discharged, cured..... | 4 | 1 | 5 |
| Discharged, improved..... | 1 | 1 | 2 |
| Discharged, unimproved... | 4 | 2 | 6 |
| Discharged, died..... | 0 | 0 | 0 |
| Remaining, February 29. | 328 | 251 | 579 |

Very respectfully,

GERSHOM H. HILL, Supt.

SOCIETY REPORTS.

SCOTT COUNTY MEDICAL SOCIETY.

STATED MEETING, April 3, 1884.

THE society convened with the president in the chair.

Members present: Drs. McCowen, Cochran, Tomson, Baker, French, Gamble, Cantwell, Hazen, Preston, Braunlich, and Maxwell, and Dr. Middleton's student, Wm. Jephson.

Minutes of a special meeting read and approved.

The following resolutions in behalf of the late Dr. A. S. Maxwell were read by Dr. Tomson and adopted unanimously:

WHEREAS, Archibald S. Maxwell, M. D., an old and esteemed member of the association, has departed this life; and

WHEREAS, Dr. A. S. Maxwell has been long and favorably known in this community as a kind husband, an indulgent father, a consistent christian, a conscientious physician, an honorable and useful citizen; therefore,

Resolved, That this society, in common with this community, feels deeply the loss of one of its oldest members and most prominent citizens.

Resolved, That Dr. Maxwell's active and conscientious professional life, together with his charities to the poor, are pleasant memories in many homes of this city and community.

Resolved, That we offer to the wife and family of our deceased brother our sincere sympathy and condolence in this, their dark hour of trial and bereavement.

Resolved, That the foregoing preamble and resolutions be spread upon our records of proceedings, and that a copy be suitably engrossed and furnished the widow of our deceased brother and friend.

J. J. TOMSON,

A. W. CANTWELL,

M. B. COCHRAN.

Dr. Cantwell was appointed to prepare a memorial of the late Dr. Maxwell, at a recent special meeting, which is subjoined:

IN MEMORIAM.

BY A. W. CANTWELL, M. D.

To the President and Members of the Scott County Medical Society:

The task you have imposed upon me, it would have seemed, should have fallen upon the shoulders of one of the original members of our society, which was organized twenty-eight years ago. Of the seventeen charter members, two only remain in active service, viz: Drs. Baker and Tomson. To-night you listen to a brief biographical sketch of one who has often been with us, but who has now gone to "that undiscovered country from whose bourne no traveler returns."

Archibald Stephens Maxwell, M. D., was born in Tuscarawas County, Ohio, June 22, 1818, and died near Los Angeles, California, March 13, 1884, very nearly sixty-six years of age. He was of Scotch descent and was very proud of it. Until sixteen years of age he lived upon a farm, where he laid the foundation for a vigorous constitution, attending the district school during the winter season and working on the farm the remaining portion of the year. His leisure hours were always spent in reading such works as would be of value to him later in life. Being ambitious to learn a trade, he commenced that of a printer in 1834; when the three years' apprenticeship had passed we find him marching on, being foreman of the *Findley Whig*. At this place men of learning, seeing the ambitious youth struggling with all of his might, lent him a helping hand in the higher branches of education, for which assistance he was always thankful.

In 1839, two years later, he went to Mansfield, Ohio, and entered into partnership with Col. John Meredith in publishing the *Richland Shield and Banner*. (The paper and Col. Meredith still exist. Last year while on a visit to my old home at Mansfield, the Colonel inquired very kindly after him, saying that he was still remembered by his many former friends.) His time not being wholly occupied, he commenced the study of law in the office of Judge Brinkerhoff.

Here he also made the acquaintance of Samuel Kirkwood, whom the people of Iowa call their old war governor. Not satisfied with his education he retired from the paper and entered the Ashland Academy, where he graduated with honor. Being considered an able speaker, his services were in frequent demand during the political campaign of 1842.

In the midst of this campaign he was seized with an attack of laryngitis, which affected his voice so that he was compelled to relinquish the law; it was a great disappointment, for he had placed his mark high. His progress had been onward and upward to this time. Still not discouraged, he changed his profession from law to medicine, entering the office of Dr. John M. Cook, at Berlin, Ohio. After a due course of study and attendance at lectures he graduated from the medical department of Hudson College at Cleveland, Ohio, 1847.

Thirty-seven years a physician! He commenced his career with his preceptor, in a few months after he was married to Miss Charlotte S. Hough, a step-daughter of Dr. Cook. This wife still survives him with five children, the youngest near twenty years of age. He was in every sense of the word a faithful and devoted husband and father. Five years of practice in that village, where he was called daily into the country, taking long rides day and night. His health began to fail in 1852, and having made quite a study of the eye and ear, he concluded to devote his time to that specialty. Being called upon to visit many towns in Ohio, Indiana and elsewhere, and having taken a fancy for the West, also having an eye for the beautiful, he came to our city in April, 1855, where he invested considerable money in real estate at a time when everything was very high. The financial crisis of 1856 and 1857 swept nearly everything from him, and he then entered into general practice, which soon became profitable, as well as extensive, and was making rapid strides toward the front, when Gov. Kirkwood called upon the friend of his youth, whom he knew was trustworthy, and sent him to the front to care for the Iowa soldiers who

were bravely battling for the great and good country.

In the army Dr. Maxwell made many warm and dear friends and had offers of high positions, but true to his trust he declined them and was placed in charge of Hospitals Nos. 6 and 8 at Keokuk, where he spent some time. While there he filled the chair of physiology and pathology; after this he was called upon to visit many of the principal hospitals in the south and west, rendering aid at the siege of Vicksburg and Port Hudson, after which he went to New Orleans. In January, 1864, he returned to Iowa and made his final report to the governor, which received his hearty approval. This ended his career as surgeon in the army, where he had proved himself so true to the trust placed in him as a citizen and patriot. He now fell back into the ranks of his profession, where he was welcomed by his old friends, who had not forgotten him, together with many new ones added; and his services became in constant demand by both rich and poor, and the one was served as well as the other, being always ready to lend a helping hand to young physicians, and has taken many into his office—among the number was myself; for three years and a half we officed together. I always found him willing to give advice and help. It was a wonder to me how he endured the fatigue he was called upon to pass through; he would never refuse a call if possibly able to go, and it seemed to me that he went at night as much as in the day. At times he would seem completely worn out; would think he would not be able to be out for days; then, after a few hours' sleep, he would be up and visiting patients who were not half so sick as himself. At last he found that he was like other human beings; his powers of endurance began to give way; realizing his condition for the past few years, during our severe winters he sojourned in various other climes. The climate of southern California seemed to renew his vigor, and here he made a purchase of a fruit farm, where he expected to pass his few remaining years in peace and quietness. Last fall he took his departure from us

with his family, not feeling well when he left, for when with us last year, his old patients would have him, and he overtaxed his own strength. After a few weeks in his new home, his reputation having preceded him, he was, against his better judgment, again prescribing and visiting patients. The result was that while off visiting a patient who was sick, the weather changed, becoming quite cold, he was seized with an acute attack of pleurisy, which prostrated him; and then being compelled by high water to move several miles up in the mountains, where he finally died, a martyr to his profession, remaining conscious until the last; only a few hours before his death he called his son to him, and in a stronger voice than he had used for several days, told him where his will was, wishing it brought that he might sign it in the presence of witnesses, which he did, after which he rapidly sank until death relieved his sufferings.

Dr. Maxwell was one of the original members of our society; also a charter member of the Iowa and Illinois District Central Association, and of the medical board of Mercy Hospital—a member of the Iowa State Medical Society, and at one time president of our board of education. Universally respected in life, our associate leaves behind him a worthy record. Naturally realizing the uncertainty of life in others he still clung to its many attractions and sought in other climes to prolong his days of usefulness. In vain the fierce blasts of an Iowa winter are exchanged for the soft zephyrs of the Pacific coast, the relentless hand of the great destroyer visits alike the frozen regions of the north and the southern orange groves, and he, who in the capacity of a friend and physician had so often stood at the death-bed of others, must, in his turn, meet the dread summons. And his lifeless form, tenderly borne over dreary desert vistas and mountain slopes, again reaches the scene of his life-long labors.

Mourning friends, bereaved relatives and sad associates gather around his open grave, and all that is now left of the good physician and faithful friend finds at last a fitting resting place in Iowa soil.

Requiescat in Pace.

A motion of Dr. Tomson was unanimously carried for the reception of the memorial and that it should be sent to the REPORTER for publication.

After some very appropriate and even eulogistic remarks of the life and character of the deceased brother by Dr. Tomson and others the society listened to a very interesting and able paper by Dr. J. W. H. Baker, entitled "Selections and Conclusions in Relation to the Management of Women in Childbed."

A very free and even animated discussion followed, and was participated in by most all the members present.

JENNIE McCOWEN, M. D.,
D. P. MAXWELL, M. D., *President.*
Secretary.

ANNUAL MEETING OF THE MUSCATINE COUNTY MEDICAL SOCIETY.

April 2, 1884.

PRESIDENT TAYLOR in the chair.

Society met at usual place and hour.

Election of officers resulted as follows:

President—W. S. Robertson.

Vice-President—H. M. Dean.

Board of Censors—W. H. Baxter, E. L. Braunsworth, H. M. Dean.

Secretary and Treasurer—J. S. Braunsworth.

Papers were read and discussed on asthma and scarlatina.

Society adjourned to meet last Friday in June.

J. BRAUNSWORTH,
Secretary.

A GOOD location for a physician—for particulars address, O. G. McCauley, M. D., Rowley, Iowa.

SANTONINE has accidentally been found of value in gleet. Five grains each of santonine and sugar, twice a day, does the business, according to a writer in the *Lancet*.

NEW TREATMENT FOR NEURALGIA.—Billroth uses a one per cent solution of hyperosmic acid subcutaneously for neuralgia, and illustrates its efficacy by a stubborn case of sciatica which was thus cured.

SOCIETY MEETINGS.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.

ANNUAL MEETING, }
WASHINGTON, D. C., May 5, 1884. }

THE annual meeting of the Association of American Medical Editors will be held in Washington, May 5, at 8 P. M., in Medical Hall, southeast corner of Sixth and F streets.

The annual address will be delivered by President Leartus Connor, M. D., on *The American Medical Journal of the Future, as Indicated by the History of American Medical Journals in the Past.*

Dr. N. S. Davis will open the discussion on *How Far can Legislation Aid in Elevating the Standard of Medical Education in this Country?* in which Dr. A. B. Palmer, Dr. Henry O. Marcy, Dr. L. S. McMurtry, Dr. C. H. Hughes, Dr. Frank Woodbury, Dr. William Brodie, Dr. A. N. Bell, Dr. William B. Atkinson, Dr. W. C. Wile, Dr. W. R. D. Blackwood, Dr. Henry Leffmann, and Dr. Deering J. Roberts will take part.

All members of the profession, especially journalists and authors, are invited to be present and take part in the meeting.

JOHN V. SHOEMAKER, M. D.,
Secretary.

Philadelphia, 1031 Walnut Street.

THE IOWA STATE MEDICAL SOCIETY.

THE thirty-second annual meeting of the Iowa State Medical Society will be held at Des Moines, May 21, 22, and 23, 1884. The sessions will commence at 10 A. M. Wednesday, and will be held at Armory Hall, 515 and 517 Walnut street.

OFFICERS.

The following are the officers for the present year:

President—S. E. Robinson, West Union.

First Vice-President—H. C. Huntsman, Oskaloosa.

Second Vice-President—D. W. Crouse, Waterloo.

Secretary—A. A. Deering, Boone.

Assistant Secretary—A. C. Simonton, Des Moines.

Treasurer—G. R. Skinner, Cedar Rapids.

COMMITTEES.

The following committees have charge of the work of the different

SECTIONS:

On Surgery—E. F. Clapp, chairman, Iowa City; C. H. Rawson, Des Moines; B. A. Guyton, Jr., Sioux City.

On Medicine—S. B. Chase, chairman, Osage; T. J. Caldwell, Adel; A. Reynolds, Clinton.

On Obstetrics and Gynecology—J. Williamson, chairman, Ottumwa; D. Macrae, Council Bluffs; B. McClure, Dubuque.

On Materia Medica—P. J. Farnsworth, chairman, Clinton; John North, Keokuk; W. W. Hale, Des Moines.

On Otology and Ophthalmology—H. B. Young, chairman, Burlington; C. M. Hobby, Iowa City; J. M. Ristine, Cedar Rapids.

On Sanitary Science and Hygiene—R. J. Farquharson, chairman, Des Moines; L. J. Alleman, Boone; W. C. Schultze, Marengo.

On Microscopy and Morbid Anatomy—W. D. Middleton, chairman, Davenport; A. G. Field, Des Moines; D. S. Fairchild, Ames.

Members who intend to present papers should report at once to the chairman of the appropriate section. The chairmen of these committees should report to the chairman of the Committee of Arrangements at least ten days previous to the date of the meeting, so that a programme may be arranged.

ETHICS:

D. Scofield, chairman, Washington; Wm. Watson, Dubuque; J. D. McCleary, Indianola; C. M. Hobby, Iowa City; J. M. Knott, Sioux City.

FINANCE:

E. W. Clark, chairman, Grinnell; H. Ristine, Cedar Rapids; J. Williamson, Ottumwa.

ACCOMMODATIONS.

The committee of arrangements—G. P. Hannawalt, chairman, Des Moines; A. C. Simonton, Des Moines; E. W. Clark, Grinnell.

nell; J. M. Emmert, Atlantic; L. J. Alleman, Boone, and the secretary, A. A. Deering, Boone, are doing all they can to make the meeting successful and provide for a hospitable reception of the members.

HOTELS.

Members will be entertained at the hotels named at the following rates: Sabin House \$1.50, Gault House \$2.00, Morgan House \$2.00, Aborn House \$2.50 per diem.

RAILROAD FARE.

Members and delegates will be returned over the following railroads at one-third regular rate:

Chicago & Northwestern.
Chicago, Rock Island & Pacific.
Chicago, Burlington & Quincy.
Chicago, Milwaukee & St. Paul—from Melbourne, Madrid and Perry.
Illinois Central—from Tara.
Des Moines & Ft. Dodge.
Minneapolis & St. Louis.
Des Moines, Osceola & Southern.
St. Louis, Des Moines & Northern.
Wabash, St. Louis & Pacific.
Burlington, Cedar Rapids & Northern—from West Liberty, Cedar Rapids and Reinbeck.

Central Iowa—from Grinnell and Marshalltown.

Wisconsin, Iowa & Nebraska—one-half rate.

Certificate of attendance from the secretary must be presented at the railroad company's office to secure reduced rates.

ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

THE annual meeting of the American Medical Association will be held at Washington, D. C., May 6th, 7th, 8th, and 9th, 1884.

The prospect is now that Iowa will be represented by a large delegation.

Dr. O. T. Gillett, of Iowa City, has secured excursion rates from Chicago over the Baltimore & Ohio R. R. for all who wish to go from Iowa.

Round trip tickets from Chicago \$23.50. Those who expect to attend should notify Dr. Gillett at once and he will send full particulars.

Dr. A. C. Simonton, of Des Moines, has made arrangements with the Fort Wayne and Pennsylvania line for an excursion from Chicago.

Fare for round trip from Chicago, \$23.50. Dr. Simonton will be pleased to furnish all desired information. All who are going from Iowa will do well to consult him at once.

The chairman submits the official programme for the meetings of the Section of Practice of Medicine, to be held in Washington, D. C., Tuesday, Wednesday and Thursday afternoons, May 6, 7 and 8, 1884.

The following special subjects have been promised, and those who are announced to enter into the discussions have accepted, and will be present:

Discussion on *A Contribution to the Clinical Study of Epilepsy* will be opened by Professor William Pepper, of Pennsylvania. Dr. Roberts Bartholow, Pa.; Dr. Horatio Wood, Pa.; Dr. J. S. Jewell, Ill.; Dr. James T. Whittaker, Ohio; Dr. O. P. Hooper, Ark.; Dr. Eugene Grissom, N. C.; Dr. James E. Reeves, W. Va.; Dr. T. B. Lester, Kansas; Dr. Joseph P. Logan, Ga.; Dr. W. K. Bowling, Tenn.; Dr. John S. Moore, Mo.; Dr. Jas. F. Hibbard, Ind.; Dr. J. J. Caldwell, Md.; Dr. John A. Murphy, Ohio, and Dr. A. P. Grinnell, Vt., are expected to take part.

A discussion on the *Clinical Study of the Heart Sounds*, will be opened by Professor Austin Flint, Sr., of New York. Dr. Edward Janeway, New York; Dr. William Pepper, Pa.; Dr. Frederick C. Shattuck, Mass.; Dr. John H. Bemiss, Dr. James Wilson, Pa.; Dr. Richard McSherry, Md.; Dr. James R. Leaming, N. Y.; Dr. John S. Lynch, Md.; and Dr. A. B. Palmer, Mich., are expected to take part.

A discussion on *Tuberculosis* will be opened by Dr. Henry F. Formad, of Pennsylvania. Dr. Austin Flint, Sr., N. Y.; Dr. William Welch, N. Y.; Dr. N. S. Davis, Ill.; Dr. George M. Sternberg, U. S. A.; Dr. R. S. Fitz. Mass.; Dr. Henry O. Marcy, Mass.; Dr. James Tyson, Pa.; Dr. Edward Janeway, N. Y.; Dr. Charles Dennison, Col.; Dr. Henry F. Campbell, Ga.; Dr. W. T. Belfield, Ill.; Dr. Alonzo Garcelon, Me.; Dr. E. O. Shakespeare,

Pa.; Dr. G. C. Smythe, Ind.; Dr. Harold C. Ernst, Mass.; Dr. W. E. Geddings, S. C.; Dr. Trail Green, Pa.; and Dr. John Lynch, Md., will take part.

The following papers are also promised:

New Theory and Instrument of Diagnosis, S. G. Ayres, M. D.; subject to be announced later, Roberts Bartholow, M. D.; *Etiology of Enteric Fever*, S. K. Crawford, M. D.; *Dermatitis Herpetiformis*, Louis A. Duhring, M. D.; *Dietetic Treatment of Diabetis Mellitus*, Austin Flint, Jr., M. D.; *The New Official Chlorate*, Trail Green, M. D.; *Irregular Apoplectic Attacks from Other Causes than Hemorrhage and Embolism*, Gaspar Griswold, M. D.; *Simulation of Pathognomonic Signs and Symptoms*, Edward Janeway, M. D.; *Typhoid Fever*, S. K. Jackson, M. D.; *Retardation of the Pulse in Mitral Insufficiency*, A. T. Keyt, M. D.; *Specific Treatment of Diphtheria and Croup*, G. A. Linn, M. D.; *Muscular Hypertrophy of the Stomach*, Alexander Marcy, Jr., M. D.; *The Germ-Theory of Disease*, Henry O. Marcy, M. D.; *Phthisis, its Successful Treatment*, J. P. Miller, M. D.; 1. *Importance of Uniformity in the Pharmacopœia*. 2. *A Plea for Greater Interest in the Pharmacopœia on the Part of Physicians*, D. W. Prentiss, M. D.; *Irritation of the Capsule of Glisson*, R. Harvey Reed, M. D.; *Occult Causes of Disease*, W. L. Schenck, M. D.; *The Milk Treatment of Disease*, James Tyson, M. D.; *Pathology of Myocarditis*, Wm. H. Welch, M. D.; *The Etiology of Pericarditis*, James T. Whittaker, M. D.; *The Diagnosis of Tumors of the Anterior Mediastinum*, James Wilson, M. D.

Accepted and approved by the chairman of the Committee of Arrangements.

GRADUATION.

THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF IOWA.

THE graduating exercises of the medical department, Iowa State University, were held in the Opera House at Iowa City, Wednesday evening, March 5, 1884. The address to the graduating class was delivered by Dr. S. E. Robinson, President of the State Medical Society. The

examining committee on the part of the profession consisted of the following gentlemen: Dr. Criley, of Dallas Center, chairman; Dr. Hart, of Low Moor, secretary; Dr. Engle, of Newton; Dr. Dusnig, of Boone; Dr. Dashiell, of Hartford.

The degree of Doctor of Medicine was conferred upon the following:

Graduates of the graded class—H. E. Conley, R. E. Conniff, L. F. Cummings, W. T. Eckley, A. Etzel, C. C. Graham, Mrs. Mary Gruwell, J. R. Guthrie, J. F. Harp, J. Keho, S. A. McNERNEY, L. Reynolds, H. E. Steen.

Graduates of the non-graded class—J. M. Ball, A. K. Berry, A. W. Berryman, W. H. Britt, P. J. Bryne, D. A. Clark, E. W. Cook, J. M. Cooper, J. C. Corbus, W. H. Dewey, O. J. Fullerton, I. N. Hatfield, A. J. Hobson, J. B. Masterson, G. B. McGuin, M. Miller, A. C. Moon, J. W. Robinson, M. Stewart, J. H. Talboy, D. G. Thompson. A. E. VonCamp, F. W. Weeks, W. W. Williams.

THE IOWA COLLEGE OF PHYSICIANS AND SURGEONS.

THE graduating exercises of the Iowa College of Physicians and Surgeons of Des Moines were held on the evening of March 4, at the English Lutheran church, and were well attended. Rev. Dr. Stewart opened the exercises with prayer. J. Williamson, M. D., of Ottumwa, delivered a most excellent address to the graduates. The class oration was delivered by Joseph H. Murray. Diplomas were presented by the president of the college, T. J. Caldwell, M. D., of Adel, to the following gentlemen:

Louis W. Gundlack, Albert Lea, Minn.
Joseph H. Murray, Mitchelville.
George A. Stuart, Scranton.
Edmund A. Rawson, Sheldahl.
Henry C. Manary, Greenfield.
T. Elliott Tate, Ormanville.
Edgar A. Bullis, New York.
Albert C. Landes, Murray.

POLITZER treats aural polypi by instilling alcohol several times daily. It must be warm, and shrinking occurs in a few weeks.—*Blatter*.

THE Iowa State Medical Reporter.

DES MOINES, MARCH, 1884.

EDITORIAL.

EDITORIAL NOTES.

ANOTHER attempt at medical legislation has been made, and with no result. The only bill that had any chance of a final passage was one to amend the present law on dissecting material. This bill, by reason of the perseverance of its author, Dr. Peck, of Davenport, passed the senate; but was killed by the sifting committee of the house.

* * *

THE efforts now being made by the committee of arrangement of the State Medical Society promises that its thirty-second annual session, to be held at Des Moines, May 21, 22, and 23, will have better accommodation and will take better care of its members and delegates than has occasionally been the practice heretofore.

* * *

THE "Des Moines Medical Society" is the name of a new society that has been lately organized; among its members and incorporators are the following:

G. P. Hannawalt, F. E. Cruttenden, J. T. Priestley, W. W. Hale, H. R. Page, E. M. Gould, I. P. Brubaker, H. C. Eschbach, and L. C. Swift.

This society will not conflict at all with the Polk County Medical Society.

* * *

THE annual address of President Lear-tus Connor, M. D., of the Association of American Medical Editors, and the discussion to be opened by N. S. Davis, M. D., will be awaited with more than usual interest by the profession at large. The first will be of special interest to all editors of medical publications. The latter will consider a question that is exciting more interest among the profession than any other at the present time. The able corps who will take part in the discussion

will present the subject, Medical Legislation, in its most favorable form.

MEDICAL BILLS.

THE article in the February number of THE REPORTER, under the above title, does not meet my approval; and as no initial is signed to it, my friends in the profession might readily suppose that it expressed my sentiments. I think certain kinds of medical legislation would be of advantage to the people, and certain enactments might benefit the profession, but they are neither of them attainable in the present condition of society, and the supreme end of those desiring medical legislation would place upon the same level those who had accumulated ten years of experience in charlatanry, those who are taught that time is wasted in studying the natural history of disease, and that the only science in medicine is the science of drugging, and those who have tried to make all sciences and all experience contribute to the art of relieving human suffering. I believe, to use a homely expression, in "each tub's standing on its own bottom."

If I understand the article correctly, the plan is suggested of not only requiring state examinations for license to practice medicine, but also to grade the licensees. Now whether by "several classes" the different schools of medicine are referred to, or whether the different so-called specialties are meant, the plan seems to me not only impracticable, but essentially mischievous. It would not be difficult to establish a minimum below which none should be allowed to practice; but when beyond this any effort is made to grade the qualifications possessed, the task is rendered impossible by the multitude of factors to be contended with. Given two men equally versed in anatomy and the general principles of surgery, one will be a good surgeon, and the other will not. Who can measure the skilful hand, the *tactus eruditus*, and the quickness of observation that are essential to the successful surgeon? The process of natural selection will evolve a specialist far better than any examining board. While I respect the opinions of a large majority of the profession who believe some good can be accomplished by requiring a certain minimum amount of technical education before allowing any one to practice medicine, and think they may perhaps accomplish this, I hope their laudable object may not be encumbered by Utopian schemes of "labeling." My own belief is that the welfare of the practice of rational medicine lies in the reach of its practitioners; let them continue to denounce charlatanry and im-

posture, whether outside, or in the regular profession; let them encourage the attainment of additional knowledge, and foster their local and state societies, demand that the requirements for admission into their ranks keep pace with the rapid strides now making in the exact sciences, a thorough knowledge of which is essential to the present practice of scientific medicine. The people are making no demands for medical legislation, but when the proper time comes the profession from which the greatest amount of gratuitous service is exacted by the state, has a moral right to demand it. Let us then labor to increase the bounds of our usefulness and to build up a truly scientific spirit in our ranks; we can wage better warfare against quackery if we are not too much hampered by legal enactments, and have but one body to bear professional allegiance to.

C. M. HOBBY.

* * *

WE are very glad to be able to present the above article to our readers—not for the difference, which we regret, but because it presents another side of the question.

We feel called upon to give an accompanying explanation in order that the majority of the staff may appear in its proper position.

That the writer in the above article does not differ materially from the position taken by us, the following extracts will prove.

Speaking of medical bills, and the McVay bill in particular:

"The beneficial results to the public will be very limited, and the elevation of the standard of the profession, except the cutting off of the tail end, will be still more limited."

"We believe that the majority of the regular profession desire to have some bill of this character become a law, therefore, * * we would be glad to see it become a law."

"We believe in medical legislation; * * and that it should come from the people or should accord with public sentiment. Bills from the regular profession should be formulated in strict accordance with the present requirements of the code, if their object is to regulate and legalize the practice of medicine. And all such acts legalized to one standard, must equalize in the eyes of the law; *this of itself is an absurdity.*"

"The object of all legislation should be for the benefit of the greatest possible number."

"*The elevation of the profession should be left to itself.*"

After setting forth, with reasons, that medical legislation should come from the people and not from the profession, it is *rational* to suppose that the plan, "labeling," is one that might, or should, come from the people.

As the above extracts limit and qualify the position of their author to the "labeling process," so do the following in the "previous number," before accepting the terms "stamping" or "labeling":

"We should first make our material worthy of the stamp, representing a standard, or fixed value, rather than to attempt to make inferior material of equal value, by giving it the same stamp."

"If each medical man should receive a stamp according to his true worth, * * 'legal practitioners,' under these circumstances, would become highly desirable."

"This stamping process, we believe, should be the true object of medical legislation, making no 'legal practitioner,' in the sense of equality, but giving free medicine under its proper names."

"This necessitates a standard, possessing the highest intrinsic value, with the several lower grades."

After presenting the plan (especially for the purpose of drawing replies), crude and unconnected as it is, we carefully guard our closing with the following:

"We believe the above ideas are theoretically correct; and, although they cannot be made entirely practical we believe they will do more towards advancing the interests of the public in medical legislation than any others." We then add: "As long as the public want, recognize, and patronize the several classes who are not regulars, legislation should necessarily recognize all classes."

In this, supposing common justice is the object of legislation, we give a final reason for opposing class legislation and supporting legislation for all classes.

It will not be very far this side of the millenium when legislators will conceive of the "Utopian" idea of rewarding meritorious scientific medicine by any special class legislation; but if this was possible and the public would also conceive this "Utopian" idea to be right, as every regular physician at present believes it is, we would gladly accept it in the place of all other advanced plans, even "labeling." As it is, we must accept the situation and adopt that plan which will best satisfy both the public and the profession.

— THE —

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No. 10.

ORIGINAL ARTICLES.

SELECTIONS AND CONCLUSIONS IN RELATION TO THE MANAGE- MENT OF WOMEN IN CHILDBED.

BY J. W. H. BAKER, M. D., OF DAVENPORT.

Read before the Scott County Medical Society, April 3, 1884.

THE management of women in childbed has been a theme of discourse since the first writers upon the subject of midwifery made it their object to enlighten the practitioner of the obstetric art, and, although upon many of the general principles of such management most authorities agree, still we find in the more difficult essentials of childbed management much difference both in the management and in the theories indicating the necessity of such difference.

The early writers of the obstetric art teach that as theories prevail their peculiarities are adapted to the practices of midwifery, as well as to the general practice of medicine; for instance, while the antiphlogistic theories in relation to disease prevailed the method adapted to the treatment of general diseases under that theory was the "*sine qua non*" in which all the complications of disease attendant upon the puerperal patient should be treated, therefore the puerperal patient was treated upon the antiphlogistic phase, or upon the supposition that she was suffering from inflammatory disease. A very ordinary basis directing treatment in puerperal cases was that of anticipated or expected diseases, and remedies were given by the attendant physician to counteract the effect of such disease as

he feared might attack the patient. Therefore a century ago women during and after labor were kept in a constant state of perspiration by warm drinks, hot rooms and diaphoretics, and this method was adopted under the rule that the manner of treating an actual disease were the ones to be used as preventive of those diseases which it was feared might attack the patient. It was by another class of writers or practitioners of the obstetric art believed that a woman lately delivered should be treated for a concussion or violent bruise of some internal part, and having learned the surgical use of remedies for injuries of this nature they advise the internal use of spermaceti freely administered as one of the most popular medicines given to women in childbed both for actual or apprehended disease. Another marked influence controlling the method of management of women in childbed was the age in which plethora played so important a part, and in which accoucher combatted this element of disease by copious venesections, in order to moderate a pulse which is somewhat quickened in almost all natural labors.

And the boldest use of the lancet as a depletory instrument was represented as the approved method of preventing the apprehended numerous cases of apoplexy, convulsions, pulmonary hemorrhage and inflammation of all imaginary kinds. In fact, women in childbed have been managed in many other variable methods, and the ways still vary more and more, notwithstanding the truthful assertion of an author writing half a century ago, who says, "Any person meriting the name of obstetrician may be sup-

posed competent to conduct a natural labor where the series of phenomena proceed with rapidity and in a perfectly natural order of succession and duration, provided he will remember the oft repeated adage, 'a meddlesome midwifery is bad,' and be, therefore, willing to abstain from impertinent interference. The accoucher in most cases hath really nothing to do except to receive and protect the child, and attend to the delivery of the afterbirth. Extending his care to the disposal of both the mother and her offspring for the first few hours after the termination of the labor." We know well that almost all cases of childbirth terminate favorably both for the mother and the child, no matter how they are managed, whether by the antiphlogistic, anti-plethoric, anti-astheric, eclectic, homœopathic or allopathic methods.

In approaching the principal theme of my remarks I have referred to some of the phases in the management of a natural labor prior to a more modern idea that the atmosphere of all space is full of micro-organic germs of invisible size, so much so that the microscope is incapable of determining whether they are of animal or vegetable origin; but the ultimatum is that they are destructive agents, more particularly brought into active operation wherever there is an open wound or diseased surface exposed to the deadly influence. On the belief in the existence and influence of these micro-organic germs has been founded a method of management of puerperal women termed antiseptic midwifery. Although this method has been practiced for some years it has recently taken a more thoroughly practical form under the reports of certain writers as to its adoption in hospitals and private practice. Dr. Reid, on the use of antiseptics in obstetrics and gynecology, published in "Glasgow Medical Journal of June, 1857," describes their use at the lying-in hospital of Prague, as follows: "The hospital is strictly clean and is often disinfected. Every physician, student and midwife is supplied with a two per cent solution of ac. carbolic, permanganate of potash, soap, nail brush and nail scissors,

and before entering a ward must wash the hands in soap and water, cut nails if necessary, and use the brush and then the disinfectants. If a midwife is seen once with nails imperfectly cleaned she is reproved, if a second time unrelentingly dismissed from the hospital. Before and after every vaginal examination the hands are washed with disinfectants. The professors, assistants and chief midwives are expected to set a perfect example to those below them in office. Near the end of pregnancy if there is much leucorrhœal discharge, if it is fœtid or if the patient is feverish, a two per cent ac. carbolic solution is injected in the vagina twice daily. When the labor begins the woman is put on a bed that has been cleansed and purified carefully; her hands and nails are thoroughly cleansed, and, together with the genitals and the lower parts of the body, are washed with a two per cent ac. carbolic solution. After the membranes burst a three per cent solution is injected into the vagina every two hours, especially if the amniotic fluid is fœtid, if the child is known to be dead, if the head is not engaged, if the patient is feverish, if the presentation is abnormal, if the patient has come from the general hospitals, or if the placenta is retained. When once the perineum begins to be strained two hand-sprays are brought into use and continued to play until the placenta has been removed. For the first three days the vagina is washed out thrice daily, and afterward bis-die until the lochial discharges cease. If the latter become putrid a three per cent solution is used every three hours. In all cases of instrumental or unusual manual interference the steam spray is used. Three per cent intra-uterine injections are given if there has been any special manual or instrumental interference, if the labor has been protracted, if the fœtus has been dead, if gas or putrid amniotic fluid has passed from the uterus, if the temperature has risen, or if delivery has taken place on the street!" Even such was the antiseptic practice at Prague in 1881.

Robert Barnes, of London, says: "So far as antiseptic appliances are concerned, they can strictly only be regarded

as subsidiary means in carrying out the great principle that lies at the bottom of all good obstetric practice, namely: to screen the lying-in woman from those poisons and other noxious influences which threaten her from within and from without."

After enumerating several of the factors entering the problem as to the necessity of antiseptic treatment he says: "It is a remarkable fact that all the successive steps in the history of reproduction are marked by violent lesions of tissue, ruptures and lacerations. The bursting of the graafian follicle and ovary, the frequent rupture of the fourchette and of the hymen in coitus, the tearing of the cervix uteri during the passage of the child, the disruption of the placenta from the uterus, the laceration of the perineum, are obvious illustrations of this proposition."

Dr. Barnes summarizes the forms of puerperal taxæmia under three heads:

First. The self empoisonment resulting from the loss of balance between absorption of water-stuff and its excretion. This may be called *endosepsis*, since the poison arises within the system.

Second. Self empoisonment from absorption of the foul stuff of decomposition in the uterus. This may be called *autosepsis*, since the puerpera takes poison of her own making. This is what has been more especially called *septicæmia*.

Third. Empoisonment from foreign sources. This may be called *exocepsis*.

After explaining the manner in which the poisons enter, and the effect they have upon the puerperal woman he discloses the antiseptic means and methods of combating such poisons. He says: "It has been my custom for many years to give after every labor a mixture of quinine, ergot and digitalis, thrice daily, continued two or three weeks. I look upon this measure as foremost in the scheme of antiseptic midwifery. It is shutting the gate in the face of the enemy." The next thing is to wash out the *uterus*. One per cent sol. ac. carbol. is best. This should be done once or twice daily from the second day. The carbolic acid is absorbed into the system, thus chasing and neutral-

izing any poison that may have entered. Thus we follow the enemy through the gate that has admitted it."

Robert Weir, in 1877, advocated strongly the use of antiseptic surgery under the Listerian method, and gives minute directions and remarks.

"In practicing this method, in order to form proper judgment of its merits, it is essential that Mr. Lister's plan should be thoroughly known, and be carried out even to its minutest particular." "A second condition, which really should have come first, is that they who use the method should at least provisionally accept the theory on which the dressing is based; they should, so to speak, act as if they saw germs on everything."

The favorite antiseptic with Dr. Weir at this date was carbolic acid, and his directions for its preparation and method of use in this article is remarkably minute.

In January, 1884, Robt. Weir, says; "the aim of antiseptic surgery is to materialize the favorable conditions for germ development, and this has been best done until recently by means of carbolic acid and iodoform; still it will be remembered that one of the great objections brought against the use of both was that they were liable to produce toxic effects. And our surgical literature is studded, and not very sparsely either, with cases in which fatal or alarming complications have occurred from this source. It was for this reason that I welcomed an antiseptic which was more potent, safer, not volatile, and easily obtained everywhere: I refer now to *corrosive sublimate*."

During a discussion in the obstetric section of the International Medical Congress, 1881, Prof. Tarnier says he has made the following experiment: he had placed pieces of placenta in the following solutions—liquor of Van Swieten (hg. bichloride, 1-1000), ac. boracic (40 grns. per litre), and in others. In all except the mercury and boracic acid solutions, living organisms appeared in a few days. He had great confidence in the parasidicidal action of the hg. bichlor. Whenever he had reason to think his hands were "suspicious" he, either at the hospital or at home, washed them in the

hg. bichlor. sol. His pupils did the same and they had never experienced any symptom of mercurial poisoning."

In the British Medical Journal of Oct. 1882, an article contributed by Dr. McLeod, says: "In attending obstetric cases the author insists on cleanliness, and washes his hands often as necessary in carbolized solution. After labor the vagina is syringed out with a one-thirtieth solution ac. carbol. Until the fifth day the vagina is syringed *bis die* with a two and one-half per cent sol. ac. carbol.; thereafter inject once daily in normal cases. He asserts that he has practiced the antiseptic method after this manner four years.

Within the past few years the extended experience of the employment of carbolic acid as an antiseptic has been attended with such fatality, attributable to its use, that other materials, having germicidal qualities, have been substituted for its employment; the most prominent and favored one of which at the present time is corrosive sublimate, or, as authors now term it, the "solution of mercuric bichloride."

Dr. T. Gaillard Thomas, in an essay read, Dec. 6, 1883, upon the prevention and treatment of puerperal fever, incidentally touches upon the management of women in childbed as follows:

"I shall address my remarks chiefly to the management of cases of midwifery occurring in private practice. To-day, when it was so generally agreed among the ablest obstetricians of the world that puerperal fever is the result of a special poison, and that prophylaxis against this is, by close attention to very simple details, perfectly practicable, it is the duty of every practitioner to guard his patient against danger by every means in his power." He then gives the following as the prophylactic measures which should be adopted in all midwifery cases, whether they occur in hospitals or in private practice.

"*First.* The room in which the confinement is to take place should have the floor, walls, and furniture thoroughly washed with a ten per cent sol. ac. carbol. or 1-1000 sol. hg. bichlor. and the bedstead and mattresses should be sponged with the same solution. Curtains, carpets and up-

holstered furniture should be dispensed with as far as possible.

"*Second.* The nurse and physician should take care that all their upper and under, clothing both be clean and free from exposure to the effusion of any septic affection. Should either of them have been exposed within a fortnight to the effluvia of such affections as scarlet fever, typus erysipelas, septicemia, or the like, they should change every article of clothing and bathe the entire body, especially the hair and beard, with a reliable antiseptic; that which I prefer is a saturated sol. of ac. boracic.

"*Third.* As labor sets in, the nurse, having thoroughly washed her hands, cleaned her nails, and washed in antiseptic fluid, should administer to the patient a warm vaginal injection of antiseptic character; bathe the vulva and surrounding parts freely with the same, inject this every four hours during labor, and keep a napkin, wrung out of a warm antiseptic, over the genitals till birth of child.

"*Fourth.* Before assuming the functions of their respective offices at the moment of labor, both the doctor and nurse should wash their hands thoroughly and soak them in a bichloride sol. 1-1000.

"*Fifth.* The first two stages of labor accomplished the third should be efficiently produced; all portions of the placenta and membrane removed, and ergot administered in moderate doses *ter die*, and kept up at least for a week, for the complete closure of the uterus, expulsion of clots and occlusion of the utero-placental vessels.

"*Sixth.* The doctor, taking nothing for granted, should, at the conclusion of the labor, carefully examine the vulva of the patient. If the perineum be lacerated it should be closed at once by suture, to shut up the avenue to septic absorption; and should slight solution of continuity be found in the labia or the vulvar extremity of the vagina, these should be dried with a linen cloth, touched with equal parts Monsel's sol. and ac. carbol., then dried and painted over with gutta-percha collodion. If this be thoroughly done, absorption will be prevented at these points for at least three or four days, when the application may be repeated.

"*Seventh.* In six or eight hours after the labor, the patient having rested, the vagina should be syringed with an antiseptic, and a suppository of cocoa butter containing three to five grains of iodoform, be placed under the os uteri. A syringe with intermittent jet should be used, which will wash away with gentle force all blood-clots, and reliance should not be placed upon the feeble drip of a fountain syringe, the advantage of which I think entirely theoretical.

"*Eighth.* These vaginal injections and suppositories should in cases of normal labor, be repeated every eight hours; in cases of instrumental labor, twice as often; and they should be kept up for at least ten days—the nurse should use same precaution of washing and using antiseptics before approaching the patient.

"*Ninth.* When etherization becomes necessary, it is safer to employ a new gum-elastic catheter, which should be cleansed in an antiseptic before use and be destroyed after being used on a case, rather than to trust to the nurse's cleansing of an old silver instrument, which has within it the register of a list of cases of septicemia in which she has employed it during the past two or three years. It is a very common and a very bad habit for nurses to own silver catheters.

"*Tenth.* Last, but not least by no means, let the physician inform himself by personal observation as to the competency of the nurse to syringe out thoroughly the vagina, to place the suppository just where it should be, and to use the catheter without injury. Neglect of this precaution has frequently resulted in leaving a foetid upper segment of the vagina entirely unwashed, while the antiseptic stream was limited to the lower third of the canal."

Having made some selections as to the modern method of managing women in childbed we will now draw some conclusions in relation to the same.

Dr. Thompson, of London, 1875, during a discussion as to the Listerian method says: "I cannot think that scientific surgeons will ever adopt—what as hinted at by Dr. Spence in his recent address—recalled the 'spells and incantations' in use by surgeons of a less enlightened age

before it was discovered that wounds would heal without having a *fuss* made over them.

The general evidence goes to show that the introduction of antiseptic midwifery into the United States was an importation from Germany.

Dr. Baruch, of New York, in a plea against prophylactic injections, says: "Reaction against active antiseptic injection after labor, has already set in abroad."

Intra-uterine injections for prophylaxis are being rapidly abandoned and I am glad to find Dr. Thomas energetically proscribing them. But I cannot subscribe to the necessity of resorting to vaginal antiseptic injections, even for purposes of prophylaxis.

In regard to injections after normal labor he says: "With a view to prevent the mischief which is likely to be done by the indiscriminate washing of the vagina after labor, among the younger members of the profession, I raise my voice of warning at this juncture. Guided by the justly eminent gentlemen who advocate antiseptic vaginal prophylaxis, every new-fledged obstetrician in country and town will rush to the rescue of 'septicallly threatened patients,' women (all), and scorn every one else who does not pursue this practice as an "old fogey."

Dr. Fordyce Barker in answer to Dr. Thomas, says: "Antiseptic injections, both vaginal and intra-uterine, are of great service when the indications for their use are clearly shown by local signs or general symptoms, but they cannot be recommended with safety as a routine practice on theoretical grounds, as, for obvious reasons, they may be most detrimental in retarding the cicatrization of lesions and the other processes of convalescence, and are otherwise sometimes dangerous." Dr. Barker had been accustomed to the use of vaginal injections subsequent to labor for thirty years past, at first using Labarraque's solution, he afterward used the ac. carbolic. Within the past two years, after mature consideration and reflection that carbolic acid in the strongest practical form in which he had used it was incapable of destroying the micro-organisms, he has frequently surprised the nurses by directing that no in-

jections should ever be used unless specially ordered. It is scarcely necessary to say that absolute cleanliness was strongly enjoined. Ventilation, pure air and water have done more for the prevention of puerperal diseases than all the disinfectants ever produced. Antisepticism is no doubt very similar to cholera, small-pox and other diseases of a contagious nature; it travels from place to place and is now spreading fearfully—quite a number have had it, still a larger number are yet to take the disease; many will have it lightly while others will have a most violent attack, and if they recover without constitutional damage the case will be remarkable. The practice may do in hospitals, but to say that all cases of normal labor should be thus treated in private practice is too much. Where normal cases are to be thus treated the news should be broken lightly to the relations and friends before the arrival of the physician with the necessary load of *armamentaria*.

What would be thought of the physician and nurse that would approach a case of labor among the lower classes, white or colored, armed with bichloride solutions of three different strengths, syringe, atomizers, comb, nail brush and scissors, and other necessary implements; the nurse commencing her purifying process of cutting and scrubbing the patient's finger nails, said nails already worn to the quick from the effect of floor scrubbing and clothes washing? Don't you think it would scare the germs?

He must have a strong imagination who fancies he can see the atmosphere of our country towns and small cities so filled with the detrimental micro-organisms as to endanger the lives of all child-bearing women. We do not have the atmosphere and telluric conditions favorable to the growth and development of these septic micro-organisms.

Dr. Garriguer, says as to antiseptic treatment in normal cases after delivery: "After the birth of the child and removal of the placenta I wash the mother with a 1-2000 sol. bichlor, apply a binder, cover the genitals and anus with a lint wrung out of same solution, place outside of the lint a piece of oiled silk, put a large pad of carbolyzed cotton on it and fasten the

whole tightly to the binder. Twice daily the outside of the genitals and surrounding parts are washed with the solution, and the dressings removed." "The simplicity of this treatment is apparant; its safety for patients, nurses and doctors is demonstrated by the absence of any untoward accidents during the five months it has been in use." It is to be remarked what wonderful precision these great men make!

In conclusion on antiseptic treatment, Dr. Thomas says: "I now come to the seventh suggestion—the use of vaginal injections every eight hours, beginning eight hours after delivery. The arguments which have been brought up against this practice since I read my paper have been of great weight with me; I confess I feel less firm in my convictions upon this point than I did, and that in future I shall examine the question carefully before I determine to adhere to my plan. You may ask why this change of opinion? My answer is that I strive to mend the faults of yesterday with wisdom of to-day."

Would it not have been better for this great author to have *examined carefully*, before announcing such plans?

The microscope forty years ago was expected to revolutionize the treatment of cancer, when the specific candated cell was demonstrated to be the diagnostic special structure in cancerous growth. How have such expectations been realized?

The microscope twenty years ago had given to the medical profession the information that microscopic vegetable fungi were the prime cause of rubeola. Has there since been any special change either in the prevention or treatment of that disease? Microscopic research within a few years, we might almost say within a few months, has manifested many other wonderful phases in medical discovery.

After first revealing the various forms of monas, vibrio, sperillium and bacterium, it is now followed by Schwann's demonstration that bacteria are the cause of the putrifaction of organic substances; and Pasteur's experiments creating the belief that all putrifactive changes are due to such minute organisms; and from this belief Lister introduced his antiseptic

tic methods. Since which time Koch has given us his theory that tubercular consumption was due to bacillus. Erysipelas and glanders, and splenic fever and malignant charbon are shown to be due to special types of bacteria. More recently still, the microscope is announced to have been the means of discovery by Lacerda of the yellow fever microbe; by Tiehl of the micrococcus of pneumonia; by Koch of the special bacterium of cholera; by Eschbaum of the micrococcus of gonorrhea; by Klein, that of diphtheria; by Pohn Pincus, of scarlet fever; by Fehleisen of erysipelas; and by Linard, the bacillus of malarial fever. The great result of the last discovery being the prompt death of the germ by immersion in a two per cent solution of quinine.

After such discoveries as these, what may we not hope in relation to the therapeutic measures necessary to overcome these diseases? Specific *pro-phylaxis* and specific *post-phylaxis*, armed with micro-electric guns should be able to cope with the druni-present micro-organic germs.

What a chance for speculation under the antiseptic method would be the proprietorship of Niagara Falls! with a few pounds of the *mercuric-bichloide* mingled with the waters of the upper lakes. Who would fail to seek the chance of anti-septic treatment at the never failing spray of Niagara?

SYNOPSIS OF THE DISCUSSION.

Dr. Tomson opened the discussion by saying the essayist showed much thought, study and research in the preparation of his paper. Thought, even in this enlightened day and age, as always has been, the people were inclined to follow fashions, in order to be popular, etc. But while he believed in progression he held to old and well tried methods in the practice of medicine.

Dr. Hazen spoke of antiseptics and their advantages as well as disadvantages. Quoted a certain doctor of New York City who used the most concentrated solutions of any doctor in the world. After delineating his methods of treatment, he concluded that the atmosphere of that city was not as pure as Iowa's. But thought the eastern men had to be ex-

tremists that they might introduce innovations in order to have something to write about and fill the many medical journals. In the end the profession at large would be stimulated to invent something new and probably better.

Dr. Baker called the last speaker's attention to the conflict between Drs. Barker and Thomas—even that they ridiculed each other—mentioning some of the stories in circulation of these great men.

Dr. Preston thought we should not go back on our old and tried friend carbolic acid. After dwelling somewhat upon its use and merits, still he thought many lose sight of the *vis medicatrix natural*, while others go to the other extreme. His custom was not to use antiseptics till indicated and then he preferred injection to spray.

Dr. Cochran did not believe in rejecting all that is new just because it is new. After telling of his experiments with various antiseptics he concluded boracic acid gave the best results, while the use of many was simply sublime nonsense. He closed his remarks in the language of an old pro-slavery orator, "who did not care for great men, as he had his own ideas, and after all, the great men were generally great humbugs, and most generally great nuisances."

Dr. Baker concurred with the speaker's last sentiment, but admitted that great men generally promulgated the new doctrines.

Dr. Cantwell spoke in commendatory terms of the remarks of the last two speakers. Then told of some of his experience and especially of a woman he was called to see several days after delivery, who would not allow herself washed and cleaned up, and in consequence died. He concluded that more emphasis should be given the word cleanliness.

Dr. Tomson advocated plenty of pure water, a bed-pan and syringe in every house; spoke of his custom to raise the women carefully certain times to allow any clots to escape. He recalled various expressions uttered by eminent men at the A. M. A., at St. Paul, in 1882.

Dr. Cochran expressed his idea of the solid sense treatment—not to interfere with a woman after delivery unless

some pathological condition indicated; even in the administration of medicines.

Dr. French spoke of his experience of many years and recited a case which proved fatal after the intra-uterine injection, which practice he has abandoned.

Dr. Gamble spoke at length of his thirty years' experience. That he never injected the womb of a parturient woman, never would permit it under any circumstances. Dwelt upon the *vis medicatrix naturalis*, however, said he never hesitated in cases complicated, to use the best improved methods of treatment. Thought antiseptics would do in the East or large cities; but in the country, and especially Iowa, we need not bother with such nuisances.

Dr. Baker spoke of the value of trained nurses, considered them next to doctors, etc.

Dr. Preston desired to know the sentiment of the society, respecting the custom which he practiced of cleaning the woman, and arranging everything soon after delivery, instead of delaying to the second visit. The society concurred with the doctor's practice.

Dr. French closed the discussion on the subject of bandaging, which was intimated by one of the members. He said he never used the bandage on the woman after delivery unless she was disposed to have it, then he only allowed it to remain on a day, or three at most.

Adjournment.

JENNIE McCOWEN, M. D.,
D. P. MAXWELL, M. D., *President.*
Secretary.

DIPHTHERIA.

A PAPER read before the Scott County Medical Society, by M. B. Cochran, M. D., of Davenport, Iowa, December 6, 1883.

The most explicit definition of this disease that I have found is given by Cormack, in Quain's Medical Dictionary; viz., a specific, contagious, asthenic general disease, which sometimes prevails as an epidemic and is endemic in certain places. It is characterized by the exudation in various situations, particularly on the mucous surface of the soft palate, uvula tonsils, pharynx, larynx and trachea, of a peculiar cocoplartix lymph,

which, together with epitheliol cells, generally form a thick, tough and stratified jellicular or false membrane; a stroma, made up of mucous and epitheliol cells, arranged in layers of the cocoplartix exudation." To this definition should be added, with general swelling and tenderness of the tonsils, sub-maxillary and lymphatics of the neck, loss of nerve power. This definition describes the disease as we generally meet with it in well marked cases.

The disease has been known and described by medical writers since the days of Hippocrates though under a great variety of names, such as cynonche, cynonche maligna, Egyptain or Syrian ulcer, malignant sore throat, putrid sore throat, epidemic croup, malignant quinsy, etc.

Bretoneau in 1826, published the most elaborate article on this disease of any of his predecessors. He gave it the name diphtheria, and pointed out its true pathology, and in a subsequent memoir published in 1855, he substituted diphtheria for the former name of diphtheria. Since his day the literature on the subject has been voluminous, and much of it as crude as it has been extensive.

Notwithstanding the painstaking investigations regarding the ethiology, pathology, and treatment of this disease, and removal of the supposed causes, and the use of lauded specifics in its treatment, it marches right on in its ravages and its mortality, comparatively, seems to be but slightly checked. In 1853 and 1859, there were over twenty thousand deaths from this disease in England. In 1873, there were over one thousand in New York City. In 1876 and 1877 over two thousand were reported in Massachusetts. In 1881 and 1882, Boston reported one thousand, seven hundred and six cases, and six hundred and one deaths. Wisconsin reported two thousand in 1881. In our own state, there were reported (U. S. census) in 1880, three thousand and one hundred and one deaths, or twelve per cent of the total deaths in the state. In our own city the number of cases returned for the year ending October, 1883, was one hundred and three and the number of deaths thirty-six, or more than thirty-three per cent of the

cases were fatal. These statistics show us that this disease is the most fatal of any that we have to contend with, and that notwithstanding our labored researches, we have not succeeded in reducing the death rate from it materially since its first appearance in this country as an epidemic in 1858.

In the time which should be allotted to this paper, many things of deep interest must of necessity be omitted, and I propose to speak of those things only concerning it, that seems to me to be of the most practical importance to us, as practitioners, who are constantly brought in contact with it.

The identity of diphtheria and membranous croup, has been discussed by medical writers, and although it at first sight would seem to have little to do with our present investigations of the subject here, the determination of the question in the mind of the physician, when called to treat the severer forms of the disease is very important, and would greatly modify his plan of action, and I therefore propose these questions:

- I. Is it identical with croup?
- II. Is it contagious?
- III. Is it a filthy disease?
- IV. What is the best plan of treatment?

I. In Bretonneau's first essay on this subject, published in 1818, he describes the disease as "croup" and "epidemic croup."

McKenzie speaks of it first as croup and then as a disease ending in croup.

Trousseau says that since the time of Bretonneau, every one at Paris or elsewhere who has taken the trouble to examine the subject, has come to the conclusion that nineteen out of every twenty cases of croup begins in the pharynx—in which opinion he concurs.

Cohen says that many experienced observers consider diphtheria identical with what other experienced observers recognize as acute pseudo membranous croup, but thinks we can recognize a difference, and gives a table of pathological comparisons of the two diseases.

Cormack says, that what the modern school of French physicians call croup, is the membranous manifestation in the larynx and trachea or both of diphtheria,

a general asthenic disease, and that membranous exudations is never the result of simple acute inflammation.

Dr. Charles West, in lectures on diseases of infancy and childhood, published in 1874, says: I have come to the conclusion, which I long hesitated to adopt, that what differences soever exist between croup and diphtheria, they must be sought for in the pathological changes observed in the respiratory organs. The mere extent of false membrane in the air passages certainly affords no ground for a distinction between the two affections, and the only case of croup given by Dr. West is what Bretonneau would have called a typical case of diphtheria affecting the air passages.

The controversy on this subject grew to such magnitude that in 1879 a committee was appointed by the Medical Chirurgical Society of London, and reported as follows: "It will thus be seen that in the opinion of the committee these two diseases are *identical*" and suggested "that the term *croup* be henceforth used wholly as a clinical definition, employing laryngeal obstructions occurring with febrile symptoms in children, which may be membranous or non-membranous, due to diphtheria or not so; and the term diphtheria be used as the anatomical definition of a zymotic disease which may or may not be attended with croup;" and with this report the society harmoniously agreed.

Whatever our own experience and observation therefore may be, we are brought inevitably to the conclusion that the preponderance of written evidence, by the most careful observers, points clearly to the identity of the two diseases, and that the definition given by the committee of the Medical Chirurgical Society is the correct one. There is, however, enough contradictory evidence to confound the most careful enquirer after truth, and there is no doubt, also, that in many instances "assertion preceded demonstration." One fact, however, we all recognize and that is that "croup" though once very common with many practitioners is now very rare except as a "result" of diphtheria, and in registration of deaths in our State Board of Health Reports for 1883, the diphthe-

ria and croup lines in the diagram are almost parallel, though the "croup line" is much below the other.

The importance of the question of identity is involved in the second inquiry; viz.

II. Is diphtheria contagious? Croup, though it has appeared many times as an epidemic has never been looked upon as contagious by non-believers in the identity of the two diseases, and to them this is regarded as a distinguishing feature of croup as a distinct disease, but if it is true that membranous croup is but another name for diphtheria in the larynx or trochea, it is highly important that this fact should be clearly understood, for sanitary reasons.

That contagion does not always follow well marked cases of measles, scarletina, small-pox, or diphtheria, is not proof that each of those diseases are not contagious.

The most dreaded of these diseases, and those about which there is no question as to their being contagious, rarely cease their ravages because there is no material for them to feed on, but in most cases they die out and the peculiar septic agents by which they are propagated seem to lose their virulence and the power of further influence for evil. Because, therefore, a case of diphtheria or croup does not "spread," is no positive sign that it is not contagious.

Dr. Bowditch, in a paper read before the American Medical Association, in 1878, relates the case of a servant girl working in a family in which occurred five cases of diphtheria; she then went to another family, two children were soon after taken with the disease and died; she then went a distance of four or five miles in another direction, where the disease had never been known; after a few weeks this family lost two children; again she went to work in another family and soon after two cases appeared.

In the report of the State Board of Health, for 1882, Dr. Middleditch, of Waterloo, reports the case of a family of five children, four of whom had diphtheria and three died. The one that escaped, at the very first was sent away from home. After the four had the disease, the house was fumigated, white washed, and all the

bedding washed and aired. Three months after, the little girl who had been sent away, went home and in about a week was taken with the disease.

Dr. Darnell, of West Union, Iowa, reports that diphtheria was brought there by a lady and her family, who had been visiting in the East where the disease prevailed; when they came back they all had it; a neighbor's boy carried milk to the family while they were sick, he contracted the disease and died in few days. A young lady met a physician on a train who had just attended some severe cases. In four days she was taken with it in a severe form, four of the family where she remained during her sickness, had it. A young lady was taken with the disease away from home—she went home and soon three others of the family were taken with it; two of the children died and some of the clothing was taken to a distant neighborhood and washed in a family where were children. In less than a week two deaths occurred in this family and there had been no cases in the neighborhood before.

In the report of the State Board of Health, for 1883, Dr. Paul L. Brick, traces the contagion of diphtheria through twelve families in Plymouth county, starting from a single point and developing thirty-six cases, with twelve deaths. Evidence of similar character is abundant and proves conclusively, to my own mind, that malignant diphtheria is one of the most contagious diseases that we have to contend with, and though many cases may occur where only one of a family or neighborhood may be stricken with it, it is never safe to permit promiscuous intercourse between the well and the sick, especially among children.

From crowd of space we are unable to publish the whole of this article in this number. Therefore it is

To be continued in our next.

A BILL introduced in Congress previous to the holidays provides for the erection of a brick and metal fire-proof building to be used for the safe keeping of the records, the library and museum of the Surgeon-General's office of the United States Army, the cost of the building completed not to exceed the sum of two hundred thousand dollars.—*New England Medical Monthly.*

SOCIETY REPORTS.

DES MOINES MEDICAL SOCIETY.

THE Des Moines Medical Society, lately organized, held its first annual election May 12, 1884. The following officers were elected:

Trustees—G. P. Hanawalt, I. P. Brubaker, L. C. Swift, E. M. Gould, and F. E. Cruttenden.

President—F. E. Cruttenden.

Vice-President—G. P. Hanawalt.

Secretary—I. P. Brubaker.

Treasurer—E. M. Gould.

Corresponding Secretary—W. W. Hale.

Librarian—H. C. Eschbach.

Censors—H. R. Page, J. T. Priestley, A. L. Worden, E. M. Gould, and L. C. Swift.

Delegates to State Society—F. E. Cruttenden and A. L. Worden.

POLK COUNTY MEDICAL SOCIETY.

THE annual meeting of the Polk County Medical Society was held at their rooms, May 6, 1884.

There were but few present, and papers and reports were held over until the June meeting.

The following is a list of officers elected for ensuing year:

President—A. C. Simonton.

First Vice-President—C. M. Colvin.

Second Vice-President—L. Schooler.

Recording Secretary—S. M. Rice.

Corresponding Secretary—J. T. Priestley.

Treasurer—W. W. Hale.

Censors—Drs. Priestley, Blanchard, and Hale.

The following members were chosen as delegates to the State Society: I. P. Brubaker, H. C. Eschbach, O. D. Benson, D. W. Finlayson, Mrs. A. D. King, E. W. Kearby, W. H. Booth, and B. B. Grover.

SCOTT COUNTY MEDICAL SOCIETY.

May 1, 1884, 8 P. M.

THE Scott County Medical Society met pursuant to adjournment of the last stated meeting, at 8 P. M., with the president in the chair, at the Academy of Science.

The minutes of the regular April session were read, by the secretary and approved as agreed by the society.

Dr. Wm. L. Allen was in attendance, and was welcomed cordially by the fraternity, after an absence of two years in Europe and elsewhere. The doctor has located permanently in this city.

The essayist of the evening, Dr. C. H. Preston, read a very interesting and instructive paper, entitled "Concussion of the Spine," which was readily received, and voted, on motion of Dr. Braünlich, to be published in the REPORTER.

Dr. Preston evinced much thought and study in the preparation of his valuable paper; and cited a remarkable case occurring in his private practice, which he delineated at length in presenting the history and the various features in the progress of treatment.

The discussion partook of a general conversation and experience meeting, shared by all present.

The secretary was instructed to cast a ballot for the election of Drs. W. F. Peck and M. B. Cochran as delegates to the American Medical Association, held in Washington, D. C., May 6.

Drs. McCowen, Middleton, Grant, Hazen and Allen, were appointed delegates to the Iowa State Medical Society.

Adjourned.

JENNIE McCOWEN, M. D.,
D. P. MAXWELL, M. D., *President*.
Secretary.

KEOKUK, IOWA, MEDICAL SOCIETY.

Society met at Dr. North's office, May 5, 1884.

Dr. Kinnaman appointed secretary.

On motion, Doctors Ocheltree and North, of Springville, Ohio, were invited to take part in the meeting.

REPORT OF CASES.

Dr. Maxwell—Case of supernumerary ears, and tumor of eye; mouth only partly developed, cut back into cheek and drew the mouth to one side. Rudimentary ears were in front of natural ears. Tumor of left eye; fibrous, involving scleratic and corneal coat to edge of pupil,

nearly to center of cornea. Conjunctiva adherent as part of the tumor; cut it off from scleratic and cornea. Healed by granulation with good result. Left the vision good and very little inflammation followed the operation. Ears had cartilages merely, imbedded in the skin, easily removed. No other deformities, except about the head; supernumerary ears were small.

Dr. Cleaver thought this was a case of double ovum, developed by inclusion in the blastodermic layer. In this case there was no history of any hereditary tendency.

Dr. McDonald reported a case of miscarriage; occurred about a year ago. Four months later the lady became pregnant again, had the symptoms unusually aggravated. First of March retired as well as usual, awoke flooding very severe, five months' fetus no evidence of placenta previa; introduced tampon and left. Calling next day tampon came away with mass of cysts, four or five pounds weight, had some appearance of placenta, womb relaxed, but very little tendency to hemorrhage; gave ergot to control hemorrhage, and afterwards to expel any portion of contents that might remain. Had good getting up but looks aremic, and is as large now as usual at five or six months, although only two months since above.

Dr. Scroggs—Probably a hydatiform male, and may be another.

Dr. Cleaver questioned use of tampon at five or six months or at any time; may produce occult hemorrhage. This was probably hydatiform degeneration of placenta; ought to be sure that womb is rid of entire contents, hand should be introduced and contents expelled.

Dr. Maxwell suggested that a portion may have been left and was developing. Would not use tampon at that time or stage; account, danger of occult hemorrhage.

Dr. McDonald defended treatment in this particular case—did not think it possible to dilate a uterus already full.

Dr. Scroggs believed the treatment good in this particular case, as there was no hemorrhage at the time; tampon would favor expulsion and bring about the end sought for. The tampon will only pre-

vent hemorrhage for a short time. The hand should have been introduced and the interior seen to be empty.

Dr. McDonald thought as the mass looked clear and presented no torn surfaces, that the uterus was empty.

Dr. Jenkins was in habit of using tampon at late stages; never had a case at six months.

Dr. Cleaver thought that the womb should have been thoroughly emptied and that the tampon should not have been used. The administration of ergot was good practice. Most of the cases throw off the mass in detached pieces. The tampon should never be used except in the very early stages of pregnancy to insure abortion and in cases of placenta previa.

Dr. Payne wished to know condition of the os at first.

Dr. McDonald—About the size of a dollar. Could not make out a presentation. Had no pains or indications of labor.

Dr. North never had occasion to use the tampon.

Dr. Maxwell never used a tampon at five or six months and in this case thinks would have introduced hand. Don't think it good practice to tampon at six months.

Dr. Jenkins never used tampon except in cases of active hemorrhage, and give ergot in teaspoonful doses. Might tampon if necessary and use ergot.

Dr. Scroggs favors use of tampon to control hemorrhage. Thinks it an efficient aid in cases of abortion. As a rule it should not be used at all after six months. Thinks in this particular case it was the proper method and was justifiable. Tampon will induce uterine contractions.

Dr. McDonald defended practice of introducing tampon to induce uterine contractions. Had done so for twenty-five years with success.

Dr. Payne agreed with Dr. Scroggs as to the use of the tampon.

On motion the meeting proceeded to election of officers for the ensuing year with following results: President, Dr. P. J. Payne; Vice-President, Dr. J. A. Scroggs; Secretary, Dr. H. A. Kinnaman.

The election of a Board of Censors was dispensed with.

On motion the board for the past year continuing to act.

The secretary was authorized to give the *STATE MEDICAL REPORTER*, published at Des Moines, reports of proceedings.

On motion, Drs. McDonald, Payne, Maxwell and Kinnaman were selected as delegates to the State Medical Convention to be held at Des Moines, Iowa, May 21, 1884.

Dr. McDonald was requested to read a paper at next meeting relative to the immediate care of persons injured by railway accidents.

Meeting adjourned to meet at Dr. Payne's office Monday, May 19, 1884.

P. J. PAYNE, M. D., *President*.
H. H. KINNAMAN, M. D., *Secretary*.

SOCIETY OF PHYSICIANS AND SURGEONS OF MUSCATINE COUNTY.

THE regular bi-monthly meeting of this society was held at the office of Dr. E. H. King, West Liberty, Thursday, April 3, 1884, at ten o'clock, A. M. Members present: S. M. Cobb, A. Ady, G. O. Morgridge, F. H. Little and C. W. Smith, of Muscatine; Thos. Sherwood, A. R. Leith and A. A. Cooling, Wilton; E. H. King, S. Merrill, E. Ady and J. L. Smith, West Liberty.

Minutes of previous meeting read and approved.

Secretary reported receipt for the ten dollars donated by the society at its last meeting to the Sim's Memorial fund.

The name of Dr. Milo Avery, a graduate of Rush Medical College of Chicago, was proposed for membership and on a favorable report of the board of censors was duly admitted.

J. L. Smith, of West Liberty, read a paper on the use of the starch bandage in the treatment of fracture of the femur, which elicited remarks from nearly all the members present. In the course of the discussion of this subject, the various methods for the treatment of this class of fractures was briefly stated.

At the afternoon session, Dr. G. O. Morgridge read a very interesting paper on the causes of leucorrhoea. This paper was also discussed by the members present.

Interesting cases occurring in practice were reported and discussed by members present.

Delegates to the State Medical Association—Drs. Merrill, of West Liberty; Smith, of Muscatine; and Sherwood and Lieth, of Wilton.

Society adjourned at four P. M., to meet in Muscatine, Thursday, June 5, at ten o'clock A. M.

A. R. LEITH, *Secretary*.

IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, IOWA, April 1, 1884.

Movement of population for March, 1884:

| | Men | Women | Total |
|------------------------------|-----|-------|-------|
| Remaining, February 29... | 328 | 251 | 579 |
| Admitted, curable cases... | 4 | 8 | 12 |
| Admitted, incurable cases... | 9 | 8 | 17 |
| Whole number treated... | 341 | 267 | 608 |
| Discharged, cured..... | 4 | 2 | 6 |
| Discharged, improved.... | 2 | 1 | 3 |
| Discharged, unimproved... | 7 | 4 | 11 |
| Discharged, died..... | 2 | 2 | 4 |
| Remaining, March 31.... | 326 | 258 | 584 |

Very respectfully,

GERSHOM H. HILL, *Supt.*

GLYCERINE WITH CORROSIVE SUBLIMATE IN PARASITIC SKIN DISEASES.—Vigier recommends four or five parts of corrosive sublimate dissolved in one hundred parts of glycerine, in place of mercurial ointment for parasites of the skin. It has been shown for a long time, that glycerine is not absorbed by the skin, and that it also prevents the absorption of medicines, and to a great extent that of corrosive sublimate. Therefore, on account of its greater cleanliness, and greater security from the absorption of mercurials, it is to be preferred to blue ointment.—*Pharm. Cent. Phar. Record.*

THE Iowa State Medical Reporter.

DES MOINES, APRIL, 1884.

EDITORIAL.

SAMUEL D. GROSS.

IN paying our tribute to the honored dead, Dr. Samuel D. Gross, we contribute our mite as one among the many eulogies which are his due. We feel that nothing written at this date can add to, or take from, the lustre of his name. His own deeds and his own writings made him the Father of American Surgery. His persevering and indefatigable labors from the beginning to the end, place before the ambition of all who wish to follow in his footsteps, a life devoted wholly to self denial and work. No American surgeon has received as many honors as he. Since 1857, he has been recognized as authority on operative surgery. He was a profuse inventor and bold operator. To the last, he was an untiring student, and his literary reputation was world wide. He was very tenacious in his ideas, and exhaustive in his reasons. Among men and companions he was thoroughly respected. Peace to his ashes.

PHYSICIANS' BILLS.

IT is the experience of every physician, until he has attained a position where he can command his own terms, not only as to fees, but as to time of their payment, to be brought face to face daily with the perplexing question, how he shall make the footings of his debit and credit accounts with his patients, balance? There is a short method, one commonly prac-

ticed in the towns and larger villages—drawing the pen through a large per cent of the entries in his ledger and charging the same to loss. We occasionally meet a man in practice who has the native financial talent to shorten this stroke of the pen by collecting nearly all of his bills against those who are able to pay. A man with the ability to do this and under the present general practices, is one who is capable of carrying on successfully, almost any branch of financiering. This deplorable state of affairs is a source of constant annoyance to a large majority of physicians. Acknowledging this condition, follow the questions: who is to blame? and, what is the remedy? An analectical investigation of the first of these is too intricate and of too little importance compared with the latter to receive our attention further than its relation to the solution of the remedy. For a long time the latter of these questions has been directly and indirectly placed before the profession through the medium of many of the several journals of the country. With the exception of in a few localities this has done but little good. The attention of the REPORTER has been specially called to the subject through correspondence (published in February number) from Dr. F. J. Wright, secretary of Knoxville Medical Society. While we must admit that circumstances surrounding misfortune has its influence, we believe that the physician, himself, is principally responsible. Logically, therefore, the physician has corresponding power to correct. This being admitted we find that the following pernicious practices ought to be corrected:

First. An elastic fee bill, admitting of several scales on rates, and the tendency on the part of some to cut even the lower rates, and this in the same community.

Second. A habit of discounting bills from the regular rates, and for those who are able to pay.

Third. Accepting calls regardless of pay, in order to do business.

Fourth. Neglecting to support the work and fees or bill of a brother physician.

Fifth. Permitting the idea of being overcharged to remain uncorrected.

Sixth. The great hesitancy in presenting and pressing for payment immediately after services are rendered, for fear of "offending" the patron.

There are still other practices that could be enumerated, that belong to this class. All the above are intended to apply to the middle classes, who are always ready to take advantage, or who are easy to believe that paying a "doctor-bill" is to throw away money. The extreme result is the production of the class of dead-beats, who finally reach this climax and never pay a physician's bill unless it is forced. Most of the attempts at self-protection by medical societies have been against this class. This of itself is commendable and as far as it will go is a good step. We cannot see any good reason why the above pernicious practices cannot in a great measure be remedied. Among a strictly farmer or country practice these evils are met in the minimum and attract little attention. Why cannot every county society in the State establish rigid rules and by-laws that will control these evils—to suppress them is impossible—but a persistent and united effort will reduce it to a minimum. It is better for both physician and patron to have a uniform rate which they can depend upon, because there is always a tendency in a community where there is a looseness on the one hand to have a corresponding extortion on the other. In sociology her laws always balance her

extremes. In the article under correspondence the Knoxville Medical Society invites correspondence and co-operation with other societies. Their by-laws are clear, concise, and the penalty, if enforced, is not too severe. We hope others will do likewise, and that we may hear further from those who are interested in this subject. We should be especially glad to hear from those who differ from us in order that both sides of the subject may be presented to the profession.

EDITORIAL NOTES.

WE are glad to announce, as a correction, at this late date, that the amendment to the laws on dissecting material was passed. It was the last work of the House before adjournment. The profession is indebted to Hon. J. D. McVay for this work. Probably the noise and tumult surrounding the last hours of the legislature, caused this bill to appear under a wrong title, and it was so reported. From this arose the belief that this bill failed to pass.

* * *

THE general interest of the medical profession, in this State, in the advancement of its standard, is surely on the increase when Iowa sends the second largest attendance to the American Medical Association. And when we consider that the geographical center of its medical population is fully eleven hundred miles from Washington, we have reason to hope for a like increase in interest in our local societies.

* * *

BEING unable to give a full and satisfactory report of the meetings of the American Medical Association, the REPORTER, it believes, has wisely omitted any attempt.

* * *

THE body of the next number of the REPORTER will be devoted to a synopsis of the proceedings of the State Medical Society.

REVIEWS.

WOAKES ON CATARRH AND DISEASES OF THE NOSE CAUSING DEAFNESS. By Edward Woakes, M. D. Philadelphia, Blakiston. Illustrated. 12mo., pp. 224. Cloth \$1.50.

We have received a copy of the third edition of this valuable work. It fills a great connecting space between works on diseases of the throat and those on diseases of the ear, supplementing, as is the design of the author, these works. The work is typographically neat and attractive, and its contents recommend it to a place in the library of every physician. Its first three chapters are devoted to the correlating and reflex functions of the sympathetic system and ætiology. This part of the work is clear, comprehensive and scientific. The chapter on hygienic management is good and especially meets the demand for this advice among Americans. The description and treatment of catarrh is standard, and the chapters on nasal stenosis contain more than is usually found in works of this character. On the whole the work is valuable, and the mere announcement of its third edition will bring it into ready demand. We take pleasure in recommending the book to all our readers.

SEXUAL NEURASTHENIA. By G. M. Beard, A. M., M. D. New York, E. B. Treat. 8vo., pp. 300. \$2.

In this little volume Dr. Rockwell has given us Dr. Beard's opinions and thoughts through a large experience of a new special clinical variety of neurasthenia. Although with a subject so little comprehended some will find criticism, yet this practical application on sexual exhaustion cannot fail to have an audience already prepared to believe and act upon these suggestions. These views attempt a differentiation of this variety of neurasthenia from the other forms with which it is often coincident, such as exhaustion of the brain, of the spine, of the stomach and digestive system, and with which it has generally been confounded. Like "eating and drinking" these writings are in obedience to the "law of evolution." He says: "the clinical varieties of nervous exhaustion to

which this work is devoted is, and must be, along the line of physics and evolution. Physiology is the physics of living things; pathology is the physics of disease, while evolution and devolution pre-empt them and over all the phenomena of nature;" yet in the most general sense this work is practical. Much has been said concerning neurasthenia as it exists in females, and considerable has been accomplished in the treatment of these forms, hence this work comes to be regarded, if it even causes an inquiry into the sexual history and hygiene of the male, and directs a research into such symptoms and complications which have been dismissed as mental depression or hypochondria.

In treatment the work abounds in a number and variety of measures—all the better when we consider that there are no specifics for special diagnosis. The views in this special relation do not partake of the character of a hobby, and the volume commends itself as instructive and thoughtful to all who desire to enlarge their thought and knowledge on any of the varieties of neurasthenia.

CHANGES PRODUCED IN THE TEETH BY SYPHILIS.—(*From Abstract in Jahrb. f. Kinderh.*): Among the phenomena which are noticeable in connection with hereditary syphilis, are certain ones which are referable to the formation of the teeth. (1) They may be late in making their appearance. Demarquay records a case in which a child, four and one half years of age, had not had any. (2) Certain changes in their structure are observable. Among these may be mentioned erosions, as the so-called nail-marks of Hutchinson. These erosions are crescent-shaped, and are located upon the border of the upper-central incisors; also microdontism or dwarfed condition of the teeth; amorphism, in which there are peculiarities in each group—susceptibility to injury, which causes them quickly to wear out or to fall out.—*Archives of Pediatrics.*

A GOOD location for a physician—for particulars address, O. G. McCauley, M. D., Rowley, Iowa.

IOWA STATE MEDICAL REPORTER.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. 1.

DES MOINES, IOWA, MAY, 1884.

No. 11.

ORIGINAL ARTICLE.

DIPHTHERIA.

BY M. B. COCHRAN, M. D., OF DAVENPORT.

(Conclusion.)

III. Is it a filth disease? So far as present observation leads us to infer, no soil, location, season, or environment is proof against its invasion. In our own state, one of the worst, if not the worst visitation, which we have ever had, was in Cedar Rapids, in 1878. Over twelve hundred cases were reported. The soil of that city is loose and sandy, and so open that no water stands on the surface. Waubeek, in the same county, was visited in the following year, and again in 1880 and 1881. In each year the epidemic was severe; fifty-four cases and fifteen deaths occurred from June to October, 1881. The town is situated on the Wapsipinicon river, and is mostly built on a limestone rock; most of the water used is from wells bored in the solid rock. The disease was equally severe in August and December; it was confined to no one class of population. There is no marshy ground or new land near the town.

So far as personal surroundings are concerned, diphtheria is no respecter of persons or neighborhoods, as our observations of its appearance in this city fully justifies us in asserting. It appears in the homes of the rich and the poor, the cleanly and the filthy, the well fed and poorly nourished, among those who live in new, clean and well ventilated houses, and dwellers in old poorly built tenements. "As the wind bloweth where it listeth," so this dread destroyer of our household idols comes without herald or warning, selects its victims and departs as silently as it came.

It is a favorite theory with many that sewer gas is the prime factor in causing this disease. Yet the men who "live" almost in the sewers of London, Paris and New York, are no more prone to diphtheria than the dwellers upon the tops of the mountains in other localities.

The patient, painstaking, and heroic investigation which some pathologists have manifested in endeavoring to find out the true cause and mode of propagation of this disease, surpasses anything in medical research of modern times. A French physician, Dr. Bergeran, inoculated himself in the arm, tonsils, and soft palate, with a lancet moistened with false membrane which he had just removed from a diphtheritic patient.

Dr. Peters, another Frenchman, had a mass of false membrane thrown in his eye when he was performing tracheotomy on a child. It covered the cornea, and he did not wash it away. He also made three punctures in the lower lip with a lancet dipped in diphtheritic matter and as no evil followed he painted the tonsils, pharynx, and veil of the palate with a dossil of lint soaked in diphtheritic matter and did not suffer from it. The most careful and minute post mortem examinations have been made and it has been patiently studied at the bedside, but no one has arrived nearer the true cause of the disease than a reasonable probability. Within the past two or three years, Pasteur, Koch and other Europeans, with Wood and Formad in this country have conducted a series of experiments to prove the existence of a specific diphtheritic germ or micrococci, and claim to have discovered and propagated it outside of the body. The conclusions arrived at by the two latter gentlemen possesses, in my opinion, the most rational theory of any

that has been advanced, and if their work is correct, the most conclusive proof of a propagating germ of any that has been produced.

They found that when the urine of diphtheritic patients containing micrococci was filtered and dried, and the dried filtering paper inserted under the skin, malignant diphtheria was produced, and further, that cultivated micrococci to the second generation are capable of producing the disease. They, therefore, conclude that the essential poison of malignant diphtheria is found in the micrococci, which must be either the poison itself, or the carriers or producers of the poison, and further, that the only difference between the micrococci found in ordinary sore throat and diphtheria, is in their reproductive activity. The difference, therefore, between a simple angina and a malignant diphtheria—in both of which micrococci are found, is simply dependant upon the reproductive activity of the plant, and the malignancy is in proportion to the activity.

I had the honor to read a paper on diphtheria before this society in the winter of 1869, in which I assumed that this disease is a constitutional manifestation, of a primarily local affection and that simple tonsillitis, pharyngitis, or trachitis may degenerate into malignant diphtheria, as a simple traumatic lesion may take on hospital gangrene or erysipelas, and it is somewhat gratifying to me to have that opinion corroborated by such authority as Wood and Formad. Whether, however, the micrococci are the cause, the carriers, the attendants, or products of the disease, is yet an undetermined question.

The part that the nervous system plays in the origin and development of this disease is, as yet, an almost unexplored field to pathologists, and it is a question whether we may not in this direction make discoveries that will throw much more light upon its causation, than anything that has hitherto been made known, and the later methods of treatment adopted by many practitioners, would seem to point towards a nervous origin of it.

Whatever my former convictions may have been however, and notwithstanding the elaborate essays that have been written to prove the cause of this disease having its origin in impure water, defective drainage, leaking sewer pipes, unventilated cesspools, or untrapped water closets, the evidence does *not* sustain the indictment, and, as yet, the case is not proven, and whatever the cause may be, it is *not* a filth engendered disease.

IV. A distinguishing characteristic of diphtheria is the nerve prostration often ending in temporary paralysis, which early manifests itself in well marked cases, and this impression may be so profound as to reduce the heart's action to as low as forty

beats per minute. This nerve depression is now recognized as so important, that most writers, whatever their theories may be as to the germ origin, early direct their attention and treatment to sustaining the nerve forces, and to this end many give heroic doses of quinine and alcoholic stimulants.

The tendency to death is evidently from asthenia.

Bretoneau regarding the local lesions of great importance and local applications a *sine qua non*, used hydrochloric acid with, as he said, great benefit. He applied it to the pharynx and tonsils. He cauterized the tonsils and pharynx when he could do so, otherwise he gave small and frequent doses of the largely diluted acid. His pupil, Trousseau, regarded alum as almost a specific. A woman who kept an inn in one of the French villages was reported to have cured a large number of cases of white sore throat. Trousseau visited her and tried to learn her secret which she refused to disclose, but allowed him to visit two of her patients, one of whom had well developed false membrane. He examined the medicine and found it to be alum and vinegar. Trousseau communicated his discovery to his master, Bretoneau, and both from that time prescribed alum, and says the former, "at the present time it is used by all physicians in the treatment of diphtheria."

Meigs found alum the most potent remedy he could use in the treatment of croup, used as an emetic in the early stages of the disease.

These facts must constantly be borne in mind in the treatment of any case of diphtheria: viz., that the most potent manifestations of the disease, or tendency to death, may be either by glandular obstruction in which the submaxillary, cervical glands and tonsils may be largely involved, with little pharyngeal or tracheal implication, or the mucous surface of the pharynx, tonsils, and posterior nares may exhibit the greater lesions, or the trachea, larynx, or both, may show that danger is to be apprehended from mechanical obstruction to the air passages, or lastly the nervous system may be so powerfully impressed by the onset of the disease as to obscure all other symptoms very largely, and our course of treatment should be largely governed by these facts, and the point attacked with greatest vigor, that threatens the greatest danger. Bearing constantly in mind that the disease may "change front" at any time during its course. If the pharynx and tonsils are covered with false membrane, with tenderness and swelling of the submaxillary and cervical glands, antiseptics should be applied to the fauces, of such strength and frequency as to arrest the tendency to putrefaction, and check the exudation.

Standing at the head of the list of remedies possessing these qualities is the *tr. ferri chloridii*, and it should be applied in full strength, with a camel's hair brush, over the fauces and tonsils every six hours, providing it does not cause pain after its application; and provided further, that it can be done without compulsion on the part of the attendant (I would never use force to make this or any other application to the throat of a child). It should also be given internally in doses of from three to ten drops in syrup or glycerine every two, four, or six hours as circumstances may require.

Next on the list of topical remedies I place boracic acid, which is painless and tasteless, and is one of the most powerful antiseptics that we possess. It is best administered rubbed up with refined sugar, and insufflated or placed upon the tongue, when it will be mixed with the saliva and be brought in contact with the diseased surfaces. Alum and tannin are also used and recommended and like the *tr. ferri* they are antiseptic, and coagulate the secretion, and by their astringent action check the exudation. I have used alum for many years in the croupous form of the disease, and have never been disappointed in its action. In this form of the disease, a saturated solution of alum water given every fifteen minutes until emesis follows, I regard as one of our most valuable remedies. Two or three doses, with me, has never failed to produce vomiting without prostration, and has never failed in my hands to be followed by an amelioration of all the urgent symptoms. I have only used it, however, in the earlier stage of the croupous form of the disease. Chlorate of potassa and carbolic acid are next on the list as local remedies; their efficacy resides in their antiseptic properties, and the power they possess of preventing putrefaction; the latter has also the property of coagulating fibrinous and albuminous products. I have given carbolic acid internally in two and three drop doses every three or four hours, largely diluted with water or syrup, with excellent results.

Throughout the disease Dover's powder or some equivalent anodyne should be given in sufficient doses to quiet nervous irritation and pain, and procure a sufficient amount of good sleep.

In Jacobi's work on diphtheria, he says: "It is a positive fact, that when children are suffering from nasal diphtheria and are permitted to sleep much—and they are apt to be drowsy, they will certainly die. To allow them to sleep is to allow them to die."

Than this, I venture to say *no greater heresy was ever taught in medicine*. Good refreshing sleep is one of nature's most potent conservators, and unless you can secure it to your diphtheritic patients

"they will surely die," and enough Dover's powder or some form of opiate should be used to accomplish this object.

Most of the older writers and many practitioners of to-day recommend the administration of some form of mercury in this disease. Some use the bichloride, and others recommend the protochloride. The germ theorists use it for its germicide properties, and others because of its alterative action. I have never used it in this disease, but the evidence in its favor, it seems to me, is too strong to cause its rejection on theoretical grounds. If used at all, it should be in very small doses and in the earlier stages of the disease.

Whatever other treatment is pursued, in all except the mildest cases, quinine and alcoholic stimulants should be commenced early and continued regularly until all danger is passed, and until all symptoms of paralysis have disappeared. The testimony of all modern practitioners concur in this recommendation, and the evidence given of the amount of alcohol that is tolerated by children in this disease, is somewhat marvelous. Chapman says that intoxication is almost impossible when the disease is active, and that alcohol is a specific remedy for it. The testimony in favor of the large administration of alcoholic stimulants is, it seems to me, overwhelming, and though I have never administered it as heroically as many direct, I should not hesitate to press it to the full extent of its toleration by the system. Jacobi says: "There is far more danger of giving too little than too much." And "I know cases of young children with general sepsis, that commenced immediately to improve when their three ounces of brandy was increased to twelve ounces in a day."

There is another thing that should be regarded as an *aphorism* in the treatment of this disease, tersely stated by Trousseau, viz., that "*the antiphlogistic treatment of this disease should be absolutely rejected*." The nearest approach to this should be the administration of an emetic of alum or some preparation that will produce emesis without depressing the vital powers, in the croupous form of the disease. Tartrate of antimony, *tr. veratrum*, aconite, and all depressants should be abjured.

Milk, beef tea, or mutton broth should be given often and in as large quantities as the patient can assimilate them, but forcing a patient to take food beyond the wants of the system is cruel. Cool or hot acid drinks, as best suits the patient, are grateful and beneficial. It seems almost needless to say that the sick room should be kept moderately warm and the patient kept as quiet as possible, and the use of ice or ice water permitted *ad libitum*.

Any application made to the fauces

should be of sufficient strength and applied so thoroughly as to coagulate the membrane and correct fetor, but no effort should be made to remove the membrane, unless it seems quite loose and ready to separate, so that no bleeding surface shall be left behind.

External applications to the neck are of great utility and for this I have found nothing better than the ammonia liniment of the U. S. Pharmacopœia applied so as to produce some redness of the surface, but not to blister the skin, and the keeping of a flannel band around the neck.

The treatment of paralysis following diphtheria, requires tonics, such as quinine, strychnine, phosphorus, and iron, and a syrup of the hypophosphites of iron and strychnine affords an excellent preparation.

The pharyngeal, olfactory, ciliary, and otic nerves are those which are most apt to suffer and these parieses may come on long after the patient is supposed to be well. Sometimes after convalescence seems fully established the vagi nerves may suddenly become paralyzed and the little patient suddenly falls down and dies. The anticipation of such a result should keep us on the alert and cause us never to cease to watch our patients until the strength seems well restored.

When all other remedies fail us and impending suffocation stares the little patient in the face, we have one resource left—tracheotomy. Shall we give the little sufferer one more chance for life? I answer unquestionably yes, if the trachea is implicated, or if the disease assumes the croupous form. Post mortem examinations reveal the fact, that oftentimes it is not the false membrane in the trachea alone, that obstructs the respiration, but the accumulation of mucous and pus below the membrane in the trachea, and that sometimes the tracheal membrane begins to loosen and becomes folded upon itself and in this way creates mechanical obstruction. In all such cases, certainly, an operation should be performed, and as we do not know before operating the condition of the obstruction, and as we cannot make the condition of the sufferer any worse, we should not hesitate to operate when this obstruction is undoubtedly in the larynx or trachea, especially when the results of this operation show thirty-three per cent of recoveries to the number of cases operated upon.

NUSSBAUM, of Munich, places a few drops of oil of cloves upon the towel before administering chloroform. He claims that this will overcome the repugnance in certain patients to the odor of this anesthetic. The addition of one part to six of cognac to ether makes it more easy of administration in some cases.—*Med. Times.*

SOCIETY REPORTS.

IOWA STATE MEDICAL SOCIETY.

FIRST SESSION, FIRST DAY.

THE session was called to order at 10:30 by the president, Dr. S. E. Robinson, who said the time had now arrived to call this session, the thirty-second annual meeting of the Iowa State Medical Society, to order.

After a prayer by the Rev. G. C. Henry, of Des Moines, the minutes of the last session were read by the secretary, Dr. A. A. Deering, and were approved by the society.

Letters of regret were received from the following absentees: Dr. E. F. Clapp, chairman of Section on Surgery, was unable to be present on account of injuries sustained, and Dr. G. R. Skinner, treasurer, who was unable to be present on the first day.

Dr. McNutt, of Des Moines, offered the following resolution:

WHEREAS, regular annual reports from every section of this state of such diseases as may have occurred during the year, together with the topography and flora of each locality, would be of deep interest, not only to our profession but to science generally, and

WHEREAS, a committee consisting of one member from each congressional district should be appointed, whose duty it would be to furnish a report of his district to the chairman of his committee, and from all the reports the chairman to furnish a condensed report, to be presented to this association at its next annual meeting, therefore

Resolved, that the president of this association is hereby authorized to appoint a committee on the section or geonological statistics, consisting of one member from each congressional district, whose duty it shall be to formulate and present to this association a report embracing statistics of all diseases that may have occurred in each section during the year, with a sketch of the topography and flora of the localities where such ailments prevailed.

Dr. Hobby moved to have the paper referred to the Committee on Constitution and By-laws.

Upon the call of Dr. Field the resolution was reread.

Dr. Hobby moved that a committee of three be appointed to consider the resolution and all similar matters. The motion was seconded by Dr. Hill and adopted by the society.

The president appointed as such committee, Drs. Hobby, Hill and Field.

Dr. Kennedy introduced the following, as an amendment to the Constitution: To strike out the words "keep a record of meetings" after the words "the assist-

ant secretary shall" which occur in section four, article five of the Constitution.

The president read a letter of invitation from Dr. Farquharson for the members to visit the State Board of Health rooms.

On motion of Dr. Simonton, the name of Dr. Kennedy was substituted for that of Dr. Emmert, on the Committee of Arrangements, the latter gentleman being absent.

On motion, the society adjourned to meet at 2 P. M.

SECOND SESSION, FIRST DAY.

Session called to order at 2:15 by the president.

The second vice-president, Dr. Crouse, introduced the president, who then delivered the annual address.

Dr. Caldwell moved that a committee of three be appointed to receive the president's address, of which Dr. McCleary shall be chairman. Carried.

The chair appointed Drs. McCleary, Hill and Caldwell.

Letters were read from Drs. Huntsman and J. W. Smith, absentees.

Dr. Chase, chairman of the Section on Medicine, substituted for his report a valuable paper on Pulmonary Apoplexy, in which he made particular mention of its importance and the obscurity of the ætiology, diagnosis, pathology and prognosis, and cited several cases.

On motion, Dr. Chase's paper was received.

Dr. Siveter, an old gentleman eighty-five years of age, and one of the original members, and the fourth president of the society, was elected a member by invitation and was escorted to a seat beside the president.

Dr. Chas. Elliott produced a piece of lung, which illustrated some points of Dr. Chase's paper.

Dr. Schofield thought it would be better to hear the next paper, which he considered somewhat similar, and then discuss both.

Dr. Thrall disputed the similarity in the two papers and thought it better to discuss each paper immediately after its reading.

Dr. Simonton said that the matter had been under the consideration of the Committee of Arrangements and that they had decided it would be better to discuss each paper immediately after its reading.

Dr. Jenkins fully concurred with Dr. Chase and said he could not enlarge on the subject in any way. He thought the paper taught one lesson, not to give up as hopeless a case where one lung was gone.

On motion of Dr. Crouse the paper was referred to the Committee on Publication.

The secretary read a telegraphic greet-

ing from the Missouri State Medical Society.

On motion of Dr. Thrall the secretary was instructed to send a suitable answer.

A paper on "Acute Catarrhal Pneumonia—a primary disease," was presented by Dr. Crawford.

On motion, it was received.

Dr. Jenkins said that the subject was very interesting to every member and that he considered that the authorities gave a very vague idea of the disease as being primary.

On motion of Dr. McCleary the paper was referred to Committee on Publication.

Dr. McCluer, in making a few remarks on measles, referred to the strong tendency to death from exhaustion, and to the wearing out of the respiratory organs from rapid breathing; to overcome these he recommended strychnia.

A paper entitled "Contusion of the Brain from Contra-Coup," was presented by Dr. Green, of Dubuque, it contained the report of a case illustrating the subject matter.

Dr. Peck complimented Dr. Green on the value of his paper, and said, he thought the term concussion was often erroneously used for contusion.

On motion of Dr. Caldwell the paper was referred to the Committee on Publication.

Dr. Middleton read a paper on "Glucose," giving a short sketch of its manufacture and recommending its use for indigestion.

On motion the paper was received.

Dr. Hazen reported a case wherein he had prescribed glucose with favorable results.

On motion of Dr. McNutt the paper was referred to Committee on Publication.

Dr. Smouse read a paper in which he reported a case of locomotor ataxia.

On motion, the paper was received and referred to the Committee on Publication.

The secretary read a telegram from the Louisiana State Medical Society, sending greetings.

On motion of Dr. Thrall, the secretary was instructed to reply in a suitable manner.

The time immediately after the calling of the next session was assigned to Prof. Leighton.

The secretary reported the disbursement of \$60 during the past year and receipts to the same amount. Referred to Committee on Finance.

Dr. Caldwell moved to adjourn. Carried.

THIRD SESSION, FIRST DAY.

Session called to order by the president. Prof Leighton occupied the floor and

illustrated, in a practical and interesting way, several very important modifications in the use of the microscope.

On motion, a vote of thanks was tendered Prof. Leighton.

Dr. Farquharson made the report of the Section on Hygiene and Sanitary Science. This report was a resume of the work of the State Board of Health since last meeting of the society. He called attention to the regulations for the transportation of the bodies of those who died from contagious diseases; to the regulations on mines and mining; to the office of State Veterinary Surgeon; to the law in relation to toy pistols; and to regulations in regard to more practical tests of oil. He reported a great advance in sanitation during the past two years. He also reported that over ten per cent of the deaths were caused by diphtheria.

On motion by Dr. Schooler, the paper was received.

Dr. McCluer asked what disinfectant Dr. Farquharson would recommend for house drains, etc.

In reply, Dr. Farquharson recommended copperas.

Dr. Kennedy moved the paper be referred to Committee on Publication. Carried.

A short history of the Davenport Board of Health was presented by Dr. Cantwell dating from its organization, in 1871, to present time.

On motion, the paper was received.

Dr. McNutt moved that the paper be referred to Committee on Publication. Carried.

An article on Ethnic Forces was presented and read by Dr. McNutt.

On motion by Dr. Jenkins, the paper was received.

Dr. Caldwell moved to adjourn. Carried.

FIRST SESSION, SECOND DAY.

The president called the session to order.

Drs. v Mansfelde and Carter, delegates from the Nebraska State Medical Society, presented proper credentials and were received.

Dr. v Mansfelde made a short address of greeting.

Dr. Carter, who has twice before been a delegate to the society, presented some resolutions from the Nebraska State Medical Society, wishing the Iowa State Medical Society to take some action on them.

The resolutions provide that the "Committee on Foreign Correspondence, one duly accredited representative for each State and Territorial Medical Society. * * * through their chairman, the corresponding secretary, present annually a report of the advances in medicine made by said societies."

And also that the "Representative of

any foreign society shall communicate all advances in matters medical and governmental made by said society in the year just past.

On motion of Dr. Field the resolutions were referred to a committee of three, who were instructed to report at a subsequent session.

The president appointed as such committee Drs. Field, Jenkins, and Watson.

Dr. Kennedy's resolution to amend the constitution, was again read.

Dr. Clark, of the Committee on Finance, made the following report, which was placed on file:

| | |
|------------------------------|------------|
| To cash on hand..... | \$ 825.80 |
| To U. S. Bonds..... | 500.00 |
| To received on dues..... | 369.00 |
| To interest on bonds..... | .20 |
| | <hr/> |
| | \$1,695.00 |
| By cash paid on vouchers.... | 310.00 |
| | <hr/> |
| Balance.... | \$1,385.00 |

Dr. Simonton moved that Dr. McNutt's article be referred to Committee on Publication.

Dr. Field objected. He said that although the paper had merit and displayed considerable research, it did not contain sufficient medical matter.

Dr. Watson agreed in the main with Dr. Field, but thought as the paper had considerable merit it should be published.

Dr. Schooler could see no reason why it should not be published as the society was not supposed to agree with everything in any paper.

Dr. Hillis moved to lay Dr. Simonton's motion on the table.

Dr. McCluer seconded Dr. Hillis' motion because "the discussion was taking too much time."

As Dr. McNutt's paper was, on motion, received by the society, and was, therefore, their property, Dr. Simonton moved that the article be published in some periodical.

Dr. Field moved to amend by having the paper returned to Dr. McNutt.

It was suggested by Dr. Watson that the author be *requested* to publish his article.

Dr. Caldwell thought that although the paper was meritorious it would be best for the society not to *request* the publication but give him *permission* to publish same, and made a motion to that effect, which was carried.

Dr. Robertson said he did not know he was expected to deliver a paper, but he would make a few remarks on School Hygiene. Among other points he urged the better arrangement for light and ventilation and also urged that the "cramming" process of teaching children be discouraged.

Dr. Clark and Dr. Williamson thought the subject was one of great interest to everybody, and of practical importance.

Dr. McNutt thought there was too much of cramming knowledge into children.

Dr. Gilman agreed as to the cramming of children.

Dr. Jenkins thought our school-houses should be two stories high and spread out more, instead of making them three or four stories high. He had met a great many cases of uterine disorders produced by climbing three or four pairs of stairs.

Dr. v Mansfelde did not consider it was the amount of study, but the method. He said children at the same age in the old country knew twice as much as they do here. He also thought the little girls should not be restricted, but should be allowed to romp.

Dr. McNutt asked Dr. Robertson whether it was not true that a great many cases of backache were found among the girls.

Dr. Hillis rose to a point of order, claiming that there should be no discussion on Dr. Robertson's paper, as he was expected to prepare a different paper.

The chair did not sustain Dr. Hillis.

Dr. McCluer thought time could not be expended to better advantage than in discussing this subject.

Dr. Watson moved the subject be referred to a committee of three, consisting of Drs. Gilman, Hill and one other. Carried.

The president appointed Dr. Watson chairman of the above committee.

On motion the committee was then enlarged to five, and the president added Drs. Hazen and Jenkins.

Dr. Jenkins wished to resign in favor of Dr. Jennie McCowan. Not accepted.

A paper on Boards of Health and Contagious Diseases, was read by Dr. Thrall.

Dr. Chase thought Dr. Thrall's paper was very interesting, and said it met with his approval.

Dr. McCluer also endorsed the paper.

Dr. Hazen was of the opinion that matters of hygiene should be placed in hands of men who had been physicians but who were not practicing, and that such men should be in employ of the state or in some other way protected from the belief that they were selfishly interested in the prosecution of their duties.

It was thought best by Dr. Watson to keep the present law until experts could be educated and furnished.

Dr. Simonton made a spirited attack against the boards of health, and asserted there had been four hundred deaths in four years, in Des Moines, from diphtheria, which was largely the fault of the State Board of Health.

Dr. Hillis reported his way of placarding and restricting the spread of contagious diseases.

Dr. Simonton wished to know Dr. Hillis' plan of quarantining.

In reply, Dr. Hillis said they tacked a placard on the house and stationed a policeman in front who allowed no one to go in or come out until the danger period was passed.

Dr. Kennedy wished to know what restrictions were placed upon the physician in attendance.

Dr. Hillis said the policemen and physicians worked in harmony, and took all proper precautions not to spread the disease themselves.

Dr. Thrall thought the physicians were a good deal to blame for the spread of scarlatina.

Dr. Simonton rose in reply and said the physicians reported the cases and took all precautions, and that the board of health was to blame. He also accused the board of not posting notices because it would hurt "so-and-so's" business.

Dr. v Mansfelde wished to know whether the Des Moines Board of Health was composed of physicians.

Dr. Simonton said there was one on the board.

Dr. v Mansfelde: Is he the executive officer?

Dr. Simonton: I do not know; I think not.

Dr. v Mansfelde then made a short speech in which he said he thought the trouble must be with the physicians, who were probably jealous of the doctor belonging to the board.

Dr. Patchin objected to the physician of the board being made the scapegoat for the spread of contagious diseases. He also denied that there were four hundred deaths in four years from scarlet fever.

Some personalities were indulged in between Drs. Simonton and Patchin which were stopped by the chair.

Dr. Rawson said he was surprised at the statement of one of the doctors in regard to deaths from scarlet fever, and said there were months together when there had been no placards in the city.

On motion of Dr. Maxwell the paper was referred to Committee on Publication.

Dr. Caldwell moved to adjourn. Carried.

SECOND SESSION, SECOND DAY.

Meeting called to order at 2:15; president in the chair.

Bills to the amount of \$16.80 were on motion, allowed, and orders drawn for the several amounts.

Dr. Siveter reported a case of malformation in a new born child.

The following gentlemen composed the nominating committee, elected from the several congressional districts:

First, Dr. B. McCluer; *Second*, Dr. W. D. Middleton; *Third*, Dr. D. W. Crouse; *Fourth*, Dr. S. B. Chase; *Fifth*, Dr. C. M. Hobby; *Sixth*, Dr. J. R. Gorrell; *Seventh*,

Dr. E. L. Baker; *Eighth*, Dr. W. H. Cristie; *Ninth*, Dr. C. W. DeMott; *Tenth*, Dr. P. S. Moser; *Eleventh*, Dr. J. H. Grimmel.

Dr. Clapp being absent the report of the Section on Surgery was omitted.

Dr. Sloan read a paper on a case of Perityphlitis, which occurred in his practice.

On motion the paper was received.

Dr. Gardner moved to refer the paper to Committee on Publication. Carried.

A paper on the advantages of Bichloride of Mercury in Surgery, by Dr. Hanawalt, giving its special advantages and method of application.

Dr. Field moved the paper be received. Carried.

Dr. Peck said that he was not willing to concede some of the propositions, as he thought perfect cleanliness and nature would render it unnecessary to use antiseptics.

Dr. v Mansfelde thought it best to use antiseptics as they would do no harm and might do good. He also thought the extreme care of surgeons sprung from a fear of Bacteria.

Dr. Guthrie wished to know if there was any trouble from suppuration after dressing wounds.

Dr. Hanawalt said, that to a limited extent, there was, but that it was true of any dressing.

On motion of Dr. Hinsey, the paper was referred to Committee on Publication.

Dr. Brockman read a paper on Improved Jacket Braces for the Treatment of Spinal Curvature.

On motion the paper was received and referred to Committee on Publication.

Dr. Gilman moved that the papers from two gentlemen, whom Dr. Clapp had failed to report, be called for.

Dr. Peck thought they should wait until the articles on surgery had been presented.

Dr. Hillis seconded Dr. Gilman's motion. Carried.

A paper was sent to the society by Dr. Markham to be read by the secretary, as he would not be in attendance.

Dr. Jenkins moved it be referred to the Committee on Publication by title.

Dr. Watson thought it would be more courteous to lay the paper over until the section on volunteer papers was reached then read it if we had time.

Dr. Jenkins withdrew his motion.

Dr. McNutt seconded Dr. Watson's motion. Carried.

A paper on Organic Stricture of the Esophagus was presented by Dr. Clark.

On motion of Dr. Huntsman the paper was received.

Dr. Peck reported two cases which had occurred in his practice.

A case was reported by Dr. Patchin. Dr. Carter made a few remarks on the subject.

On motion the paper was referred to Committee on Publication.

Dr. Ristine read an article on Nerve Stretching, and cited a case.

Dr. Peck said the case was one which must have its own beginning and end.

Dr. Brookings asked Dr. Peck if there was any rule or form for nerve stretching.

In reply, Dr. Peck said there was no rule, and that he doubted if there was as much benefit from nerve stretching as is usually reported.

Dr. Ristine thought one could generally tell before operating whether any good could be done.

On motion of Dr. Crouse, the article was referred to Committee on Publication.

As the programme was so crowded, Dr. Middleton resigned his time in favor of Dr. Farquharson, who presented a paper on Leprosy.

On motion, it was received, and referred to Committee on Publication.

Dr. McNutt moved to adjourn until eight o'clock and then take up Dr. Hobby's article.

The society voted to have Dr. Hobby's article read.

Dr. Hobby wished to be excused from reading, at that time, because there were very few present.

Dr. McNutt moved he be excused. Seconded.

Dr. Simonton thought it would be best to go on with the reading or else adjourn, as the following paper would have to be excused.

Dr. Gardner was opposed to deferring the paper.

In order to save further discussion Dr. Hobby read a paper on Malignant Degeneration of Benign Tumors.

On motion of Dr. Crouse it was received.

Dr. McNutt made a few remarks and reported his experience.

Dr. v Mansfelde thought the name was unfortunate as there was no such thing as degeneration. He also said that tumors were most common in unmarried females, probably because some of the natural functions of the uterus were not exercised.

Dr. Hobby said he used the word degenerate, meaning that the disease degenerated from benign to a malignant form.

Moved by Dr. Jones that it be referred to Committee on Publication. Carried.

"Report of Committee on Obstetrics and Gynecology" was presented by Dr. Williamson. Among other points were the following: That ergot was out of favor; that it was better to trust more to nature, as meddling midwifery was bad; and that antiseptic injections into uterus were to be condemned.

On motion of Dr. McNutt the paper was received.

Dr. McNutt said he was "delighted" to hear a paper of this character. He agreed entirely with Dr. Williamson.

Dr. Hinsey was of the opinion that the

paper admitted of no criticism, although he might have added that physicians generally leave their short forceps at home.

Dr. Schofield said that although parturition was natural we have to give some artificial aid; that we are too apt to overlook the facts as they are, and that if the women of to-day were natural, they would not require artificial aid.

Dr. Huntsman said that in a large majority of cases you should use artificial aid, as still-born children were the result of leaving to nature until dry delivery.

Dr. Christie reported some cases in his practice.

Dr. Jenkins said that he did not believe in sitting around and doing nothing; that he would not condemn ergot entirely, but would use his judgment in prescribing it.

Dr. Brookings was much interested in the subject and considered Dr. Williamson's paper admirable, but he could not denounce ergot and did not believe it contributed to still-birth. He said the effect of carbolic acid was bad.

Dr. Watson remarked that there seemed to be considerable difference of opinion. For his part he said he would use ergot and would be loth to change simply to find something new. He always aimed to administer the ergot two pains before the birth of the child.

Dr. McCluer used ergot not to hasten labor but to prevent after treatment.

Dr. Thall said, he tried to strike the happy medium, using injection or forceps as he considered them necessary. He also said that he had formerly used ergot "two pains before birth," but now, after having delivered a woman of twins, the second one of them being dead, he would give ergot if he was sure there was only one baby.

Dr. Crouse thought the discussion was not leading to an understanding, therefore he moved to adjourn. Carried.

THIRD SESSION, SECOND DAY.

Session called to order at 8.10; president in the chair.

On motion the secretary was allowed to employ clerical help during the ensuing year.

Dr. Patchin presented a new application of a splint which was examined by those present.

The amendment of Dr. Kennedy was again brought up.

The expenses incurred by Prof. Leighton, \$5.50, were on motion of Dr. Williamson, ordered paid.

A resolution was offered by Dr. Schofield which provided in substance that the society offer a prize of \$200 for the best essay showing original thought and investigation; that the amount, \$200, be placed to credit of Committee on Publication, to be used for that purpose, and that

those who compete for the prize shall be members of the society.

Resolution was, on motion, adopted.

Committee on the resolution from the Nebraska State Medical Society reported favorably. Accepted.

Report of committee on president's address was received. They advised attention to that part of the president's address in relating to the representation from *working* auxiliary societies.

A number of random speeches were made about what constituted working auxiliary societies.

On motion of Dr. Blanchard the entire matter was tabled.

The committee on the resolution, introduced by Dr. McNutt at the first session, reported that it be not accepted, as the statistics could be obtained from the State Board of Health and from the Agricultural College at Ames.

The report was adopted.

It was then suggested that Dr. Williamson might wish to reply to some of the criticisms on his paper. The doctor waived his right and called on Dr. v Mansfelde, who, in speaking on the use of uterine injections, said he could not understand a "happy medium" in its use as advocated by one of the members.

On motion Dr. Williamson's article was referred to Committee on Publication.

Dr. Williamson presented a paper on Chloroform Anæsthesia in a Retention of Urine, by Dr. B. McClellan.

The paper was, on motion, read by title and referred to Committee on Publication.

Dr. McCowan presented an interesting paper on the Insanity of Women.

On motion of Dr. Crouse, the paper was received.

Dr. Dean said he considered the paper very exhaustive, and agreed with Dr. McCowan that menstrual excitement had a great deal to do with insanity.

Dr. Hill, who had intended to make a few remarks, deferred them because of the lateness of the hour.

On motion of Dr. Jenkins, adjourned at 10:15.

FIRST SESSION, THIRD DAY.

Session called to order at 9:15 by the president.

The secretary brought up Dr. Kennedy's amendment.

The following bills were presented: To rent of Armory Hall, \$50; to S. E. Robinson, postage, stationery, etc., \$10; to D. R. Skinner, postage, etc., \$3.50; to A. A. Deering, stationery, printing, etc., \$8.30; and to *Leader* for advertisement, \$1.50.

On motion, the bills were allowed and ordered paid.

Dr. Schofield presented a resolution embracing the following points: *First.*

That no delegate shall be received from a local or district society when there is a regularly organized county society in that section. *Second.* That all auxiliary societies shall report, between the first and last day of January of each year, a roster of officers and members, requirements for membership, and an epitome of work done so that the Committee of Arrangements can have some data in which to judge of the actual working status of said societies.

Moved and seconded to receive the resolution. Carried.

Dr. Thrall said as the resolution was an amendment to the constitution it would have to lay over a year.

Discussion on Dr. McCowen's paper was then resumed.

Dr. Hill said that the per cent of insane women bears almost a precise ratio to the number of insane persons in the state, in proportion to the ratio of the female to the male sex. He said that insanity is increasing in all parts of the country, due to the fact that the better care promotes greater length of life. He said that religion is not a common cause of insanity, but it is very frequently a symptom. Also said he thought the percentage of insanity in men was larger than in women, because men did more brain work.

Dr. McNutt said that religion does not produce insanity, but it is a great health preserver.

Dr. Siveter, the fourth president of the society, said that in the course of the remarks he thought he heard something about religion. He did not think it a proper place to discuss that question, as we have material enough without it. Religion has to do with the "beyond," and what is the "beyond?" Can any of you tell what it is? I will tell you, it is God, and that is all that any of you know about it, except that not one of you will deny that there is a beyond.

Dr. Scofield said he thought that Dr. Hill was in error in attributing insanity to mental pursuits, as he thought it was most common among uneducated people.

Dr. Hill, in answer, said it was another illustration of the "survival of the fittest." He said that men in endeavoring to compete with their superiors deranged their brains.

On motion of Dr. Gardner, the paper of Dr. McCowen was referred to Committee on Publication.

Dr. Sloan thought it would be a good idea to enforce the rule of limiting speeches to five minutes.

A paper on Obstructive Dysmenorrhoea was read by Dr. Morgridge, who showed an instrument invented by Dr. Ady for dilating the os.

On motion of Dr. Gardner the paper was referred to Committee on Publication.

Dr. Jenkins thought the paper could

be discussed with advantage and regretted the lack of time.

Dr. Stephenson presented a paper on Uterine Therapeutics.

Dr. Blanchard agreed entirely with Dr. Stephenson in using soothing treatment instead of irritating by giving too much medicine. Carbollic acid, etc., keeps the parts unhealthy.

Dr. Thrall regretted the time was pressing so much, as he would like to hear opinions on the two preceding papers. He said that there was too much "humbugging patients into belief of uterine trouble."

Dr. Gardner replied to Dr. Thrall until the expiration of his five minutes.

On motion, the paper was referred to Committee on Publication.

Dr. Young presented the report of the Section on Ophthalmology and Otology. Among other points he mentioned the indiscriminate use of jequirity for granulated eyelids. He said that he would not recommend it as he thought it had not been thoroughly tested.

On motion of Dr. Crouse the report was received.

Dr. Hazen thought the paper was very good except part relating to cold water. He objected to use of cold water and advocated hot water.

Dr. Cruttenden said that the paper on the whole was very good, but that he did not like the method of using cold and hot water. He said that good results were as dependant upon the manner of its use, as upon the agent.

On motion of Dr. Crouse, the report was referred to Committee on Publication.

Dr. Cruttenden read a paper on Obstruction of the Lachrymal Canal, and exhibited a lachrymal douche he was using.

Dr. Schofield moved that the paper be referred to the Committee on Publication. Lost.

Dr. Young moved it be received. Carried.

Dr. Young said he wished to commend the paper, and said the subject was of more than passing interest to general profession. It was his opinion that the treatment recommended by Dr. Cruttenden was sound. Reported a case.

Dr. Hazen remarked that usually the treatment advocated was as severe as possible, but that Dr. Cruttenden's paper was in the right direction.

Dr. Wick reported a case in which both lachrymal canals were obstructed and also the urethra.

On motion the paper was referred to Committee on Publication.

Dr. Gardner presented a paper on Paraldehyde, a new hypnotic.

On motion the paper was referred to Committee on Publication.

A letter of regret was read from Dr. Powers.

On motion adjourned at 12:10.

SECOND SESSION, THIRD DAY.

Session called to order at 2:15, the president in the chair.

The reading of the minutes of the previous meeting was dispensed with.

Report of the secretary:

Your Secretary would respectfully submit the following report of his office during the past year:

Since the adjournment of the last meeting the following delegates have been appointed:

To the Nebraska State Medical Society, D. McRae, Council Bluffs; G. P. Hanawalt, Des Moines.

To the Wisconsin State Medical Society, September 4th, 1883:

G. M. Staple, Dubuque.

H. C. Bollis, Decorah.

To the American Medical Association:

A. W. McCluer, H. A. Gilman, S. A. Scroggs, D. W. Worthington, H. B. Ransone, W. S. Robertson, W. F. Peck, A. Reynolds, E. F. Clapp, O. T. Gillette, A. B. Read, H. Ristine, Wm. Boys, D. Langan, H. L. Getz, L. J. Alleman, S. B. Thrall, A. O. Williamson, J. W. Mitchell, H. C. Huntsman, H. W. Hart, C. Bosbyshell, J. M. Emmert, Ira L. Welch, H. G. Ristine, A. B. Brackett, A. A. Rawson, E. M. Reynolds, J. Roberts, W. H. Christie, L. C. Swift, W. H. Ward, G. P. Hanawalt, E. W. Clark, J. D. McCleary, B. A. Guyton, Jr., G. W. Biggs, J. M. Knott, E. C. Hielman, G. H. Hill, D. W. Crouse, William Watson, G. M. Staples, J. D. Adair, S. B. Chase, C. C. Bradley, I. K. Gardner, J. C. Bullis, J. C. McCowan, J. J. Brown, J. D. McVay, and J. A. Blanchard and alternates.

Total number of permanent members as they stand on the secretary's books, three hundred and seventy-three. Corresponding members, three.

A. A. DEERING, Secretary.

On motion the report was received and placed on file.

The following report of the treasurer, G. R. Skinner, was read:

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| Cash on hand as per last report.. | \$ 908.25 |
| U. S. 4 per cent bonds..... | 500.00 |
| Delegate fee..... | 3.00 |
| Permanent membership fee..... | 37.00 |
| Interest on bonds..... | 20.00 |
| Received from members at this meeting..... | 201.00 |
| Received from delegates..... | 192.00 |

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|----------------------|------------|
| Total receipts..... | \$1,861.25 |
| Cr. By expenses..... | 309.60 |
| Cash on hand..... | 1,551.65 |

Total \$1,861.25

Dr. McCleary moved the report be received and placed on file. Carried.

Dr. Kennedy called up his amendment, which on motion was carried.

The committee appointed to report on school hygiene presented the following:

The undersigned, your committee to whom was referred the subject of school hygiene, for the purpose of calling the attention of the State Board of Health to some of the more important defects in the present methods of educating children, often brought to our notice as physicians, respectfully submit the following report:

WHEREAS, The attention of this society having been directed to the imperfections in the locations, construction and arrangements of school buildings; also to the management of pupils by parent and teacher, therefore,

Resolved, 1st. That ample play grounds with proper shade and drainage, should be carefully considered by school boards.

Resolved, 2d. That school houses should not be more than two stories in height, that the rooms should be supplied with abundant means for supplying fresh air and ventilation, so as to secure an equable temperature, about 70 deg. F. Furthermore that the stairs should be wide but not steep, and the doors for egress should be large enough and open outward.

Resolved, 3d. That desks should be so arranged that the light will be introduced on the left side if possible, upon the right side or from behind, but never so as to strike pupils squarely in the face.

Resolved, 4th. That we condemn the practice of sending children to school before they are seven years of age; also the tendency to the "cramming" process which so often checks, rather than promotes physical and mental development. Again we urge greater discretion on the part of parents about putting children into school in special cases, when the health is imperfect, or where the child is remarkably precocious.

Resolved, 5th. That this society request the State Board of Health to take some action to bring this subject to the attention of the State Superintendent, the County Superintendents, and Boards of School Directors.

Resolved, That the Board of Health should also make known the facts collected and tabulated, regarding the increase of diseases of the eye in school life; also, impart instructions in the methods by which this organ is relieved of the excessive strain which modern civilization makes upon it.

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| WM. WATSON, | } Committee. |
| H. A. GILMAN, | |
| GEORGE F. JENKINS, | |
| G. H. HILL, | |
| E. H. HAZEN, | |

On motion of Dr. McNutt the report was received.

Dr. Kennedy moved it be received and adopted and a copy sent to the State Board of Health.

A paper on the death of Dr. G. H. Reynolds, of Manchester, written by Dr.

Markham, was read to the society by Dr. Hanawalt.

On motion referred to the Committee on Publication.

Dr. Hill made a few remarks on the life of Dr. G. H. Reynolds.

On motion a committee on necrology was established.

The secretary read the following report of the nominating committee:

President—H. C. Huntsman, of Oskaloosa.

First Vice-President—H. B. Ransom, of Burlington.

Second Vice-President—C. C. Griffin, of Vinton.

Secretary—A. A. Deering, of Boone.

Assistant Secretary—G. E. Crawford, of Cedar Rapids.

Treasurer—G. R. Skinner, of Cedar Rapids.

Place of meeting, Cedar Rapids, on the third Tuesday of May, 1885.

Committee of Arrangements—H. Ristine, Cedar Rapids; C. H. Hobby, Iowa City; A. B. Reed, Cedar Rapids; W. E. Egan, Atlantic; G. R. Henry, Burlington.

Committee on Publication—J. F. Kennedy, L. C. Swift, Des Moines; W. D. Middleton, Davenport; J. Williamson, Ottumwa; G. R. Skinner, Cedar Rapids.

Committee on Necrology—*First District*—J. A. Scroggs, Keokuk.

Second—A. W. Cantwell, Davenport.

Third—S. N. Pierce, Cedar Falls.

Fourth—L. P. Fitch, Charles City.

Fifth—W. C. Schulze, Marengo.

Sixth—E. W. Clark, Grinnell.

Seventh—W. H. Ward, Des Moines.

Eighth—P. Llewellyn, Clarinda.

Ninth—J. D. Holmes, Audubon.

Tenth—A. D. Meredith, Ames.

Eleventh—G. W. Briggs, Sioux City.

Committee on Ethics—S. E. Robinson, West Union; J. D. McCleary, Indianola; A. W. McCluer, Mt. Pleasant; P. S. Mosher, Boone; W. S. Robertson, Muscatine.

Delegates to American Medical Association:

First District—Dr. T. J. Maxwell, Keokuk; Dr. Scroggs, Keokuk; Dr. Stever, Fairfield; Dr. A. Gilman, Mt. Pleasant.

Second District—Dr. Adair, Anamosa; Dr. W. S. Robertson, Muscatine; Dr. A. B. Bowen, Maquoketa; Dr. W. D. Middleton, Davenport.

Third District—Dr. Wm. Watson, Dubuque; Dr. G. B. Woods, Fairbanks; Dr. D. M. Wicke, New Hartford; Dr. S. N. Pierce, Cedar Falls.

Fourth District—Dr. A. D. Bundy, St. Ansgar; Dr. Gardner, New Hampton; Dr. D. S. Brainard, Staceyville; Dr. S. B. Chase, Osage.

Fifth District—Dr. S. S. Lytle, Iowa City; Dr. G. R. Skinner, Cedar Rapids;

Dr. D. C. Brockman, Marengo; Dr. C. C. Griffin, Vinton.

Sixth District—Dr. G. P. Clark, Prairie City; Dr. S. B. Thrall, Ottumwa; Dr. J. R. Gorrell, Newton; Dr. H. C. Huntsman, Oskaloosa.

Seventh District—Dr. M. G. Sloan, Dexter; Dr. L. H. Sweber, Colo; Dr. G. P. Hanawalt, Des Moines; Dr. E. T. Likes, Winterset.

Eighth District—Dr. J. B. Wilson, Creston; Dr. L. S. Graves, Afton; Dr. P. W. Llewelling, Clarinda; Dr. W. H. Gibbons, Chariton.

Ninth District—Dr. W. C. Egan, Atlantic; Dr. J. E. Sansom, Anita; Dr. C. H. Pinney, Council Bluffs; C. W. De Motte, Shelby.

Tenth District—L. J. Alleman, Boone; D. S. Fairchild, Ames.

Eleventh District—J. D. McVay, O. D. Donely, G. H. Grimmell, Charles Enfield.

Dr. Hill moved the report be accepted. Carried.

Dr. Crouse moved the secretary be instructed to cast a ballot for Dr. Huntsman for president. Carried.

The secretary acted as he was instructed, and Dr. Huntsman was declared duly elected to office of president.

On motion of Dr. Thrall the secretary was instructed to cast ballots for vice-presidents as recommended by nominating committee.

Drs. Rawson and Griffin were elected to office of first and second vice-presidents.

Dr. Deering declined re-election, as he did not feel like giving the time.

Dr. Hanawalt said he knew Dr. Deering was in earnest in declining and therefore moved the name of Dr. Kennedy be substituted. Carried.

Drs. McCleary and Adair were appointed a committee to escort the new president to the chair.

Dr. Robinson welcomed the new president and again thanked the society and officers for their uniform courtesy to him.

Dr. Huntsman then addressed the society and thanked them for the high honor conferred and hoped he would receive the same hearty support that Dr. Robinson had received.

On motion of Dr. Hill a vote of thanks was tendered Dr. Robinson for the efficient manner in which he had conducted the exercises. Seconded by Dr. McCleary. Carried.

Dr. Jenkins moved a vote of thanks be given Dr. Deering, the indefatigable secretary. Seconded by Dr. McNutt. Carried.

Dr. Hill wished to know if there was any unfinished business.

Dr. Robinson presented the following resolution of Dr. Guthrie:

Resolved, That the Legislature of the State of Iowa be requested to pass a law

making it obligatory that the formulary of patent medicines, and proprietary medicines be printed on the inside label of the package or bottle, so that an antidote for such poisons may be had in time to save the patient.

The resolution was adopted unanimously.

On motion of Dr. Jenkins a vote of thanks was extended to Committee of Arrangements and physicians of Des Moines. Dr. Hill seconded the motion. Carried.

A paper on Gunshot Wounds, by Dr. Markham, was, on motion of Dr. Robinson, referred to Committee on Publication.

Dr. Kennedy moved a vote of thanks be tendered the railroads. Carried.

Dr. Thrall wanted a vote of thanks extended to the *Register* and *Leader*.

Dr. Simonton wished to have the *News* included.

Dr. Thrall amended his motion so that thanks were extended to the press of the city.

Dr. Jenkins said he "supposed Dr. Thrall picked out the *Register* and *Leader* for especial thanks because he saw his paper printed in them."

Upon the motion of Dr. Thrall a special vote of thanks was given to Dr. Hanawalt.

On motion of Dr. Kennedy the name of Dr. Alleman was added to Dr. Hanawalt for special thanks. Carried.

Dr. Hanawalt responded.

Dr. Jenkins "never saw a more thankful lot of men," and moved a vote of thanks be given to everybody. Carried.

A paper on Gangrene, by Dr. Smith, was, on motion of Dr. Crouse, referred to the Committee on Publication.

Dr. Hill called attention to unfinished business.

Dr. Robinson replied that the unfinished business was revision of constitution and by-laws, and he thought it best to let it lay over until next year. It was left in the hands of a committee consisting of Drs. Robinson, Williamson and Kennedy.

Dr. Jenkins moved "that we now adjourn." Seconded by Dr. Hill.

KEOKUK, IOWA. MEDICAL SOCIETY.

May 19, 1884.

MEETING called to order at 8.30 P. M., Dr. Payne in the chair.

Present: Drs. Payne, Scroggs, North, McDonald, Tate, Jenkins, Kinnaman, Ocheltree, Weisman.

Minutes of last meeting read.

On motion Dr. F. M. Tate elected member of society.

On motion Dr. Ocheltree, of Alexandria, Missouri, admitted as member.

Dr. McDonald read paper on immediate care of wounded in case of railroad accident.

Moved that paper be received and thanks of society be extended Dr. McDonald.

[The paper was originally prepared for another society.]

Dr. Jenkins thought paper of great value. One-half or one-fourth grain of morphia is not a large dose in shock and great pain; tablespoonful whisky at time is proper dose; very important to keep patient warm; a tourniquet would be of value in large shops, and some person instructed how to use it. Agreed in general with author of paper.

Dr. Tate agreed with Dr. Jenkins as to dose of morphia; hot water to check hemorrhage; keep patient warm is of importance. Alcohol of value; but may lessen normal temperature; is a depressant when used in large doses. Agreed in general with paper.

Dr. Weisman agreed with paper. Thought it ought to be duty of each railroad to have a man on each train that understood something as to method of checking hemorrhage.

Dr. McDonald thought each employe should be instructed in case of injury, to use his hand or handkerchief to check hemorrhage.

Dr. Jenkins thought tourniquet better as pressure on wounds does not check hemorrhage readily.

Dr. McDonald thought hand or handkerchief should be used as more likely to be at hand.

Dr. Scroggs agreed in main with paper. The Pennsylvania railroad has a box on each train, with appliances to control hemorrhage and it is of value; believes tourniquet is the thing when from large vessel.

Need not be an Eswarek or screw tourniquet. Handkerchief can be used and tightened until spurting ceases, can use a stick to turn up tightly, should be placed just above wound. Too much reliance is placed on the alcoholic stimulant; box should contain something else, aromatic spirits of ammonia better and more prompt. One-eighth to one-fourth grain morphia and repeat, if no effect. The greater pain does not indicate great shock. In very severe shock, patient not apt to complain of pain.

Keep patient quiet until reaction sets in. Should be moved as lightly and as little as possible. Dry heat is the grand manner of bringing about reaction. No difficulty about obtaining hot water when an engine is at hand.

The box should contain cans that could be filled with hot water and placed close to patient. Or any sort of cans could be used, such as oil cans, etc., usually about train and shop.

Dr. North thought tourniquet as a general thing would not be available.

Muriate ammonia is not as good as compound spirits opium, and atropia

of value by stomach or by hypodermic injection. Thought employes of railroads should be instructed as to immediate care of wounded as first half hour or hour is of great value.

Dr. Payne agreed with paper and with small doses of morphia repeated if necessary. Hypodermic injection, probably, best way to administer. Thought external heat should be used first and an opiate not administered until reaction is partially established.

Dr. Tate thought he would not give more than a half grain of morphia unless reaction was partly established. Would begin with small doses and may repeat.

Dr. McDonald thanked the Society for the kind manner in which the paper was received. The object of the paper was to do away with bad treatment generally given injured persons. Cold water often poured on a limb, the vitality of which is reduced, and poor whisky poured in patient. Employes should be instructed to keep patients quiet and warm. Railroad companies should keep a stretcher or two with pillow and blankets so that good care can be taken of patient until surgeon arrives. Bottle of brandy containing one-eighth grain of morphia to a tablespoonful should be kept on hand and a dose or two given if in pain and the patient kept from poor whisky.

No report of cases.

Moved that Dr. Tate be selected as delegate to the State Medical Society to be held at Des Moines, May 21.

Question for discussion at next meeting. When to use the tampon.

Place of next meeting, Dr. Scroggs office, first Monday in June.

Adjourned.

P. J. PAYNE, *President*.

H. A. KINNAMAN, M. D., *Secretary*.

IOWA ALUMNI ASSOCIATION OF THE MEDICAL DEPARTMENT OF UNIVERSITY OF MICHIGAN.

PURSUANT to a call, about twenty-five Alumni of Medical Department University of Michigan, met on May 21, and perfected an organization.

The following is a complete list of those present: C. C. Griffin, Vinton, class 1868; D. N. DeTar, Boone, class 1880; R. A. Dunkelberg, Denver, class 1880; G. B. Ward, Fairbank, class 1880; Julius Garst, Coon Rapids, 1878; Gus. F. M. McDowell, Clear Lake, class 1869; Ira K. Gardner, New Hampton, class 1870; Nancy M. Hill, Dubuque, class 1874; E. H. Ballard, Esterville, class 1868; F. C. Jones, Hernon, class 1880; J. A. Treat, Stuart, class 1867; C. F. Clark, Dunlap, class 1881; Perry Engle, Newton, class 1871; John North, Keokuk, class 1868; H. C. Hunts-

man, Oskaloosa, class 1851; Rose M. Upson, Marshalltown, class 1881; D. H. Finlayson, Des Moines, class 1878; A. L. Worden, Des Moines, class 1879; Mrs. H. J. Hilton, Council Bluffs, class 1873; C. H. Pinney, Council Bluffs, class 1863; A. W. Cantwell, Davenport, class 1869; Jas. A. Meredith, Ames, class 1872; J. W. Guthrie, Bedford, class 1862; Alice M. Stark, Ottumwa, class 1879; Thomas M. Parr, Indianola, class 1868; Wm. E. Frasin, Washington, class 1861; A. W. Garlock, Dayton, class 1867; P. M. Jewell, Ossian, class 1873; and Geo. A. Marritta, Clarion, class 1880.

The officers elected for the ensuing year are: A. L. Worden, Des Moines, *President*; I. K. Gardner, New Hampton, *First Vice-President*; C. H. Pinney, Council Bluffs, *Second Vice-President*; Rose M. Upson, Marshalltown, *Secretary* and *Treasurer*; C. F. Clark, Dunlap, *Toast Master*.

In the evening a banquet was given to the alumni and their ladies.

Toast Master Clark then made a very neat impromptu speech and proposed the following toast: "Our Alumni," A. L. Worden; "Fraternity in the Medical Profession," A. H. Cantwell; "Our Lady Medical," I. K. Gardner; "Our Dean, Dr. A. B. Palmer," Rose M. Upson; "Keeping Abreast of the Times," Geo. A. Meredith; "Iowa," J. A. Treat; "Early Reminiscences," free to all.

A grand good time was had, and the association unanimously voted to meet again next May at Cedar Rapids.

IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, IOWA, June 2, 1884.

Movement of population for May, 1884:

| | Men | Women | Total |
|----------------------------|-----|-------|-------|
| Remaining, April 30..... | 327 | 263 | 590 |
| Admitted, curable cases... | 6 | 4 | 10 |
| Admitted, incurable cases. | 9 | 6 | 15 |
| Whole number treated... | 342 | 273 | 615 |
| Discharged, cured..... | 3 | 1 | 4 |
| Discharged, improved..... | 4 | 5 | 9 |
| Discharged, unimproved... | 6 | 1 | 7 |
| Discharged, died..... | 2 | 2 | 4 |
| Remaining, May 31..... | 327 | 264 | 591 |

Very respectfully,

GERSHOM H. HILL, *Supt.*

A GOOD location for a physician—for particulars address, O. G. McCauley, M. D., Rowley, Iowa.

THE Iowa State Medical Reporter.

DES MOINES, MAY, 1884.

EDITORIAL.

C. H. RAWSON, M. D.

It is with deep regret and sorrow, that we announce to the profession, that Dr. C. H. RAWSON, of Des Moines, is dead. All hope for his recovery was abandoned by his attendants, several days ago. We are in press and must defer further notice.

EDITORIAL NOTES.

WE have devoted so much of our space to the report of the State Medical Society that we have been obliged, necessarily, to hold over a number of valuable contributions which will appear in our next issue.

* * *

WITH the next number of the REPORTER there will be some changes in the editorial staff. The members of the present staff unite in extending thanks to the profession in this state, and to all others who have been instrumental in giving the many favors we have received during our short career. In our next number, a full announcement of the changes will be given.

IOWA STATE MEDICAL SOCIETY.

THE late meeting of the Iowa State Medical Society was, on the whole, more successful than any during the last four or five sessions. While in some departments and in some respects, certain features seemed to be somewhat retrograded, the advancement in others more than equalized. The general expression of the visiting members was fully in accordance with this conviction. The first day promised a small session in respect to numbers. On the second day, the usual number were in attendance. The general interest in the proceedings continued from this time to the hour of final adjournment. The general character of the papers presented was exceptionally good, and most of them were carefully written

showing a good deal of research and an improvement in originality over like papers produced at former meetings. During the sessions several very important subjects were introduced, coming from the regular order of business and from the papers; some of the more important of them deserve more attention than can be given them here.

The president's annual address was in keeping with the general advancement of the society and was alive to the interests of the profession in the state. In it, among other subjects, attention was directed to the depository capacity of our state for the expelled quacks of other states with recommendations for its correction, which should meet with the hearty support of all; the Code of the American Medical Association was warmly supported; the establishment of a Committee on Nervous and Mental Diseases was advised; and more stringent requirements for permanent membership was advocated. The latter was *the* subject of the address, in importance to the society, and will receive the special notice it deserves at an early date.

The work of the several sections was more profitable than that of former sessions, due principally to the fact that the discussion of each paper took place immediately after its delivery. There is one serious objection to the system of sections; it fails to draw out the working talent of the society. While we cannot justly say that there is one of the papers of the late meeting of the society we would condemn, yet but very few showed much original work or investigation. It is a fact that we have in the Iowa State Society a large number of working members who, from their extended experience and investigations, are capable and would contribute their results in papers that would serve to greatly advance the reputation of the society for original work. We are not prepared to affirm that any one system is the best, yet we believe that if papers were engaged a year in advance, and from working members, the published work of the society would be far more interesting. In following the section plan of the American Medical Association, we should bear in mind that our talent, from which to draw papers, is not as abundant, and

that, therefore, the section work cannot be as effective.

It is to be hoped that the resolution, adopted by the society, providing for prize essays, will greatly add to the amount of original work, and will fully correct this objection to the section plan.

A good deal of valuable time was wasted in personal, unparliamentary, and rambling discussions. The presiding officer should be complimented for his forbearance, and for the gentlemanly manner in which he attempted to suppress it. The members should not forget that the time between sessions is long; that time of sessions is short; and that the membership is large; and that, therefore, they should be as concise and brief in their statements as possible; avoiding all rambling conversation that carries nothing more than their approval or disapproval. The evident intent of all such discussion was to give life and interest to papers, and to prevent their being passed without at least a complimentary recognition. This sentiment was freely expressed among the members at the last session, and therefore, we feel justified in presenting it.

The Committee of Arrangement was justly complimented by a vote of thanks for their untiring services.

A number of resolutions were presented and adopted, which from their character, indicated the live interest of the members in the welfare of the profession. Some of these resolutions are of such great importance, either to working of the society or to medical subjects, that they will have more than this passing notice presented in a future number.

In behalf of those persons who have taken the pains and time to prepare papers for the society, we, unsolicited, feel called upon to condemn the practice—we fear a growing one—of the members leaving unceremoniously during the latter part of the daily sessions, just as a paper is about to be read or during its reading. In a few exceptions we admit that such leaving may be necessary; but as the majority of the members are away from home and out of the reach of urgent calls it is very unjust, and inconsiderate in them to leave even

if the paper about to be read, or being read, is not of special importance to them individually. No one likes to play to empty seats.

We trust that these criticisms may not be construed to apply personally to any one in particular, as no personalities are intended.

THE weight of evidence seems to be in favor of the doctrine that tuberculosis is inoculable, provided the soil upon which it is deposited is suitable. This teaching gains additional strength from the case reported in the *Deutsch. Med. Woch.*, by Dr. Mosler. Ten days after the first appearance of cough, in a patient who would not eject, but always swallowed his sputa, diarrhoea and severe colic supervened, which proved fatal in eight days. The autopsy revealed tubercles in the lung and intestines. A recent attack of typhoid fever had, most likely, left the intestines weak.—*Medical and Surgical Reporter*.

If diphtheria is due to a germ, and if corrosive sublimate possesses the germicide properties that Koch ascribes to it, we can understand getting good results from this drug. The method of preparing this medicine is to dissolve one grain of the bichloride in four ounces of rain-water; then, if the patient is old enough to gargle and rinse the throat and mouth, he is to do so every two hours, and immediately afterwards to take a teaspoonful internally. If the disease be of a severe form, it should be administered in this way every hour. The above dose is calculated for a child of five years of age. It should be continued in smaller and less frequent doses for a week or longer.—*Medical and Surgical Reporter*.

Dr. E. P. BREWER, of Norwich, Conn., sends us the description of an apparatus which he has devised for applying corrosive sublimate (the most potent destroyer of the bacillus) in phthisis. He uses oxygen as a medium for carrying this drug into the lungs. This apparatus consists of a tank holding one hundred and twenty gallons of oxygen at a pressure of one hundred and twenty-five pounds per square inch; a wash-bottle and a drying bottle, such as are ordinarily used for washing and drying gases; finally a metal receptacle holding eight ounces and heated by a lamp. In this receptacle is placed a solution of corrosive sublimate 1 to 800 or 1,000, and heated. The oxygen passes through the washing and drying bottles, then through the hot and partially vaporized solution of corrosive sublimate. It then passes out through a rubber tube and is inhaled.—*N. E. Med. Monthly*.

IOWA STATE MEDICAL REPORTER.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. 1.

DES MOINES, IOWA, JUNE, 1884.

No. 12.

ORIGINAL ARTICLES.

LEUCORRHŒA.

BY G. O. MORGRIDGE, M. D., MUSCATINE.

[A paper read before the Society of Physicians and Surgeons of Muscatine Co.]

THE internal organs of generation in the human female, viz: The vagina, uterus, and its appendages, are the seat of many pathological changes, the most frequent, perhaps, being the conditions necessary to produce leucorrhœa.

Situated as the uterus is between the bladder in front, the rectum behind, and the intestines above, extensive degenerative processes could hardly take place without involvement of one or more contiguous organs.

Of the uterine appendages the fallopian tubes play the most important part in the affection under consideration. Extending along the upper margins of the broad ligaments, they are from three to four inches in length, the free end of each tube communicating with the cavity of the peritoneum. Entering the tube from the fimbriated extremity it will be found tortuous at first, but becomes straight and lessened in caliber as it enters the uterus. It is lined with ciliated epithelium and by continuity of surface is liable to take on catarrhal inflammation when the mucous membrane of the uterus and vagina are so affected. It is well that in our study of leucorrhœa we do not lose sight of these anatomical peculiarities.

Having thus hastily noticed the surroundings of the uterus, let us turn our

attention to the structures more intimately connected with the subject under consideration.

The vagina in the unimpregnated adult is about four and a half inches in length, the anterior wall being about one inch shorter than the posterior. It is surrounded by a plexus of large veins which empty into the internal iliacs. This vascularity accounts largely for the dark congested appearance of the vagina in cases of leucorrhœa of long standing, and when noticed should at once excite the apprehension of the gynecologist with reference to the uterus. In cases presenting this peculiar appearance, of course barring pregnancy, we generally find a congested and indurated uterus. Enlargement of the organ from whatever cause is accompanied by increase in weight. The normal supports of the uterus are taxed beyond their strength, the organ settles down into the pelvic cavity producing pressure upon the vaginal veins, obstructing the free passage of blood, hence the congestion and partial stasis before noticed.

In health the interior of the vagina and uterus are lubricated by the normal secretion of the glands that are numerous found imbedded beneath the mucous membrane that lines these organs. These muciparous glands increase in numbers and size towards the uterus. From these glands, also from the vulvo-vaginal glands situated one on each side just within the orifice of the vagina, from the cervix uteri, indeed from the whole of the mucous surface extending from the ostium vagina to the termination of the fallopian tubes there is poured out a secretion sufficient to lubricate the im-

ping surfaces. When from any cause the uterus takes on unhealthy action, becomes congested and is displaced downwards, there is increased glandular activity throughout the entire mucous track. This excessive and almost continuous discharge annoys the patient exceedingly. It is accompanied by pain in the back, also in the top of the head, a feeling of prostration and extreme nervousness. An examination at this time will show the conditions in the vagina described. It will be congested and there will be excessive glandular activity with a profuse discharge of vaginal mucous. The uterus will be found resting upon the floor of the pelvis, the lips of the os excoriated, everted and red, and the cervix filled with tenacious glarry mucous. At this juncture begins a series of changes that are of great importance. The uterus begins to bend upon itself, usually at the junction of the cervix with the body. This results in an anteflexion, a retroflexion, or the organ may be deflected to the right or left. The flexion in a measure occludes the uterine channel and menstruation becomes profuse and painful. This terminates, usually, in a free leucorrhœal discharge which consists largely of broken down epithelium, mucous, white, and often a few red blood corpuscles. At the point of flexion the uterine tissues become indurated and a degree of stenosis results. The intra uterine space above the point of stricture becomes, in time, to some extent dilated and serves as a sort of reservoir in which the debris before mentioned accumulate. When its capacity is reached its contents are discharged by uterine contraction and in bad cases this procedure is repeated several times during the interval. If relief is not obtained the organs and appendages heretofore described become involved, a salpingitis is established and the ovaries take on a low grade of inflammation. The patient is thus rendered most miserable. Let us now notice a few of the causes that lead to the conditions above enumerated. Amongst the more fruitful of these may be mentioned the following:

First. Tight bandaging after labor. This "relic of the dark ages" invites sub-

involution and all of the deplorable conditions we have attempted to describe. In the course of one of his lectures in Columbia college, New York City, the writer of this heard Dr. T. Gaillard Thomas say, "Gentlemen, if you want a case of uterine disease to treat, bandage your parturient patients tightly after labor."

Second. Protracted labors and unnecessary delay in the use of the forceps.

Third. Abortions and the premature expulsion of the foetus are fruitful in the production of these difficulties and return to those who invest, "guilt-edged dividends" in pain, sorrow and broken down organizations.

Manner of dress may exercise a delirious influence in some cases but we do not think the subject deserving the attention given it by the press.

AZOTURIA.

BY H. M. FARR, M. D., MT. PLEASANT.

[A paper read before the Des Moines Valley Medical Society, at Ottumwa, June 12, 1884.]

Gentlemen:

I ask your attention to a few cases of protracted ill health, presenting unusual features, and not found described in some of our most comprehensive works on Practice.

CASE I.

In March, 1872, I was called to attend J. P—, a tall muscular man; age, about forty; married; and by occupation a farmer. He had considered himself in a state of bad health for several weeks, but to all appearances he might be a strong healthy man; he had no fever; his heart and lungs were in a healthy condition; his digestive organs, so far as could be ascertained, were not diseased; he had no pain anywhere; he presented no symptoms of disease of the nervous centers.

His appetite was not lost, and he apparently digested a sufficient amount of substantial food; his sleep was undisturbed; he had not lost much in weight. Regarding objective symptoms, only, he was in a condition of fairly good health. Yet strange to relate! this man from day to

day reclined on his couch, and could scarcely be induced to sit up.

When asked "are you sick?" his answer was, "can't say I am." "Then why do you not get up and go about?" "I feel that I can't," was the answer. "Why can't you?" "I fear it would hurt me." "Hurt you how?" "I'm afraid I would give out."

On insisting that he should try exercise, and on making him get up and walk about the room (which he apparently *could* do well enough), after taking a few steps, he resumed his bed. To the question "did the exercise tire you?" he answered "not particularly." "Then why did you not walk longer?" "I feared if I walked any further, I would give out," was the answer; and to every appeal of family or friends, to get up and bestir himself, he had the same answer "I'm afraid if I undertake to do anything I'll give out."

The *cause* of this man's feeling of weakness, and inability to take exercise was a puzzle; for neither stethoscope nor thermometer, percussion, nor palpation of chest or abdomen gave evidence of anything wrong. He had no tenderness anywhere; his color was good; he was not anæmic; there were no signs of paralysis. His *own* account of himself was, that he had a feeling of extreme weakness and a fear that he would "give out" if he attempted exercise.

At length I requested that his urine, passed during twenty-four hours, should be saved for examination. The *quantity* was about the average. It was *acid*, and free from deposit on standing. It contained no albumen nor sugar. Its specific gravity however, was *remarkably* high near 1,040. On adding nitric acid and letting it stand in a cool place, for an hour or more, behold! nearly the whole quantity contained in the test tube, was changed into a mass of crystals! which proved to be *nitrate of urea*! Excessive formation, and excretion of *urea* then, was the probable cause, antecedent to this man's condition. It was a case of *azoturia*.

He remained in much the same state until June, when he began to improve and take moderate exercise, but his return

to health was slow, and not till the next spring did he regain his former strength and vigor.

His urine was repeatedly examined for urea, and as vigor *returned* urea *diminished*, but crystals disappeared long before he was able to resume his farm labors.

CASE II.

During the same summer 1872, there came under my observation a farmer of stout build, and of previous good health. He complained of feeling weak and languid, and unable to work. On the closest examination no organic disease was discoverable. He was eating plenty and had no dyspeptic symptoms, except some flatulence, and he had lost little in weight; he had no pain, and did not present the appearance of an invalid; his own account of himself was that he felt weak and greatly indisposed to take exercise. He said that exercise caused a dread feeling of approaching exhaustion, and that absolute *rest* seemed a necessity. His symptoms being somewhat similar to the case described, I was led to examine his urine. Its specific gravity was *very* high, and it was found to contain a *great excess of urea*.

He remained in this condition for several weeks, to all appearance, able to work, yet, taking scarcely any exercise, and during all this time he was passing a great excess of urea. As the usual test for urea began to show a diminished excretion, it was noticeable that he exhibited more inclination to take exercise, but it was several months before he regained his usual strength and energy. This man has remained in robust health to this time.

CASE III.

July, 1872, I was called to attend J. L., a farmer, aged about thirty. He gave a history of previous good health, until his present illness, which came on rather suddenly. He complained of languor and weakness, and said if he attempted to work he "*played out directly*."

He took scarcely any exercise, but sat in his chair or lay in bed most of the day. So far as I could learn he digested his food well and ate plenty.

On finding nothing to account for his

inability to work, I requested a specimen of his urine. This I found of very high specific gravity, and with a corresponding excess of urea. Here was a usually industrious man accustomed to manual labor, who abruptly quits his fields and seeks repose. No febrile nor inflammatory disease affects him. Appetite and digestion are good, yet, his strength and ambition utterly fail. He is as helpless as a convalescent from a severe fever, and nothing but excessive excretion of urea can be found to account for his illness. This patient slowly recovered.

CASE IV.

This was the case of a clergyman. He was a hard student, and of high intellectual attainments. He was accustomed to take considerable physical exercise, mainly in rapid long walks. One Sabbath he surprised his congregation in the midst of his sermon, by abruptly stopping with the remark that he felt unable to proceed further. He accompanied me home. He seemed nervous and apprehensive, and had little appetite for dinner. Attributing his condition to overtaxation of brain, I suggested that rest from study, was about all the treatment he required. But I soon noticed in him the same disinclination to use his muscles that characterized the preceding cases. So I examined his urine. It was of very high specific gravity, and contained a great excess of urea, but no sugar nor albumen.

I had no occasion to repeat my prescription that he must take *rest*. He was willing to take any amount of rest, and continued taking it much longer than *seemed* necessary. Finally he was sent to the country, to a farmer's house, where he remained several weeks. On asking him how his guest was getting along, he replied: "He is the laziest man I ever saw, he sits in the house from day to day, and I can't persuade him to take any exercise at all, while he eats enough for a farm hand." All this time he was passing a great excess of urea, and this was the only cause I could find to account for his great disinclination to take exercise. He said he felt weak and languid, and had a constant dread of undertaking physical exertion, *rest* seeming a necessity, while mental occupation was not injurious. It

was several months before he was able to resume his professional labors.

CASE V.

This was the case of an ex-soldier who while in the service, was affected with malarial cachexia, to an extreme degree. After the war he worked at his trade, a carpenter. Although not of good color, nor looking strong, he was energetic, and made a full hand. In the autumn of 1878, however, he became indolent, and said he felt too weak to work. His appetite had not failed, and he had no return of malarial fever. On the closest examination, I could find nothing to account for his changed condition, from being a willing, energetic, workman, to an indolent, stay-in-the-house hypochondriac, except a great and persistent excess of *urea*, and this, I believe sufficient to account for his symptoms. This man recovered his normal condition in a few weeks.

A review of these five cases, reveals a striking uniformity of symptoms.

A feeling of languor and great weakness, and a remarkable disinclination to *attempt* exercise, were the prominent symptoms.

The first case, a man of limited mental capacity, answered every importunity to exert himself, by saying: "I'm afraid I'll give out, if I undertake to do anything."

The second case, a man of good sense would say: "I feel that I can't do any work at all, and that I must keep quiet." The clergyman a man of good muscular development, declared that muscular repose seemed to him a necessity.

That the proximate *cause* of their feelings of weakness, and inability to use their muscles, so prominent symptoms in these men, was connected in *some* way with their great loss of nitrogen, there can be no doubt; but whence came the loss, and *how* it was brought about, is the practical question.

According to physiology, the only sources of increased formation and excretion of urea, are:

First. Increased muscular activity.

Second. Increased ingestion of animal food.

In the five cases described however, these causes did not exist; there had been no preceding unusual muscular ac-

tivity, and the men were subsisting on mixed diet, such as they had been accustomed to. Physiology gives no explanation of these cases.

If we turn to special pathology for an explanation of azoturia, we shall find that there is increased excretion of urea in the most febrile diseases, such as typhoid fever, erysipelas, diphtheria, acute rheumatism, pyæmia, etc. In these diseases, *waste exceeds repair*, and among the waste products we find excess of urea, as a result of disintegration of nitrogenous tissue; but *this* does not constitute azoturia *as such*, for in the latter affection, there is no fever, and no other recognized condition, accompanied by increased metamorphosis of tissue.

As the temporary occurrence of sugar in the urine from excessive ingestion of starchy food, does not constitute diabetes; as the temporary albuminuria of certain diseases, does not constitute Bright's disease; neither does the abnormal excretion of urea in febrile diseases, and from excessive ingestion of animal food, constitute azoturia, *as such*, but azoturia, like diabetes, has a special pathology of its own. It would seem that the albuminous food partaken of by these patients instead of becoming assimilated, and forming a constituent of living tissue failed to reach its destination, was *not assimilated*, but owing to some cause, was changed into an abnormal condition, and was excreted by the kidneys in the form of urea. Probably, the greater part of the urea excreted, came directly from the albumen of their food, through faulty assimilation, and not from disintegration of tissue. The fact that urea has been made artificially, lends plausibility to this view.

The connection between excessive nitrogenous *waste*, and the symptoms of muscular weakness observed, is quite obvious. Muscular activity is attended by increased disintegration of muscular tissue, and this waste is normally repaired by increased assimilation of albuminous food, but if assimilation is in abeyance while *waste* goes on, the nutrition of the muscles is soon impaired and they demand rest.

Azoturia has been called a variety of

dyspepsia; but judging from my experience, it cannot be so considered. The difficulty seems to have occurred further along than in the stomach, in the processes of assimilation and nutrition.

The *causation* of azoturia, has been attributed to sexual excess. Two of my patients readily admitted such excess; another was reticent, neither affirming nor denying; while another was no doubt guilty. However, if this were the *usual cause*, we should meet such cases more frequently than we do.

Some suppose that azoturia is allied to hypochondriasis. In the worst case of hypochondriasis I ever met, the specific gravity of the urine was not abnormally high, and there was *no excess of urea*, but there *was* a very great *excess* of phosphates in the urine. Others suppose that azoturia results from functional disease of the liver. This *may* be true, but I know of no proof of it. The patients whose morbid condition I have described, were all subjected to *tonic* treatment; mineral acids, vegetable bitters, iron, nux vomica, pepsin, and Fowler's solution, etc. They all recovered, but their restoration to health was so tardy, that the skeptic may doubt the potency of the remedies used.

If the primary origin of azoturia, as supposed by some, is in the nervous system, these remedies are certainly the ones indicated, and *slow* restoration is usual in nerve debility.

As a *practical* application of the subject of this paper, I would add this:

If you meet a patient whose strength is greatly reduced, whose spirits are depressed, who does not look emaciated, his appetite being good, and his digestive organs healthy, who has had no fever or other discoverable disease sufficient to account for his great debility, and especially if he is surprisingly indisposed to take exercise and is strongly inclined to constant repose, and fears are in his way, take the specific gravity of his urine, and if *high* add nitric acid, and you will probably find a great excess of urea, which adequately accounts for the symptoms, and this will lead you at least *one* step in the right direction, in investigation of the case.

SOCIETY REPORTS.

POLK COUNTY MEDICAL SOCIETY.

MEMORIAL.

At a meeting of the Polk County Medical Society, held Saturday evening, June 28, the following resolutions respecting Dr. Charles H. Rawson, were unanimously adopted by a rising vote:

Whereas, our professional colleague and highly esteemed fellow and brother, Charles H. Rawson, M. D.; has been removed by death; thereby depriving us of his judicious counsel and genial companionship, therefore

Resolved, that in this afflictive dispensation, we realize most keenly that death comes alike to the physician and his patient.

Resolved, that during the twenty-eight years that Dr. Rawson was a member of our society, his life was one of successful labor in his profession; that his attendance upon the meetings of the society was a constant source of pleasure and profit to us; that his ripe experience and deliberate judgment were always helpful to us; and that in his professional intercourse with us he was ever the soul of honor.

Resolved, that as a member of the American Medical Association; of the Iowa State Medical Society; of the Polk County Medical Society, as well as of the community at large, we commend his professional worth and integrity; his devotion to principle and honor; his eminent qualities as a public citizen; and his irreproachable moral character as most worthy of emulation.

Resolved, that we tender to the family and friends of the deceased our most heartfelt sympathy, feeling that their loss is also ours, as well as that of the entire community.

Resolved, that as a tribute of respect for the memory of our deceased brother, that the members of Polk County Medical Society attend his obsequies in a body.

Resolved, that this memorial be spread upon the records of our society; that a transcript hereof be furnished to the

IOWA STATE MEDICAL REPORTER for publication, and that this copy be presented to the family of the deceased.

J. F. KENNEDY, *Ch. Com.*

REGULAR MONTHLY MEETING, July 1, 1884.

Meeting was called to order by the president, Dr. Simonton.

The following members were present: Drs. Blanchard, Brubaker, Cokenower, Cruttenden, Eschbach, Finlayson, Frederick, Field, McKee, McNutt, Nyswander, Simonton and Skinner.

Dr. McKay, of Runnells, and Dr. Currie, of Des Moines, were proposed for membership. Both propositions were referred to the Board of Censors, who were requested to report at next meeting.

The committee on Revision of By-Laws was given further time and requested to report at the next meeting.

Dr. Schooler, the chairman of the section for the evening, specialties, was absent.

Dr. McNutt read an interesting paper on Eczema, under the title, "Cases in Practice." He reported five cases, each illustrating a variety of eczema.

Dr. Eschbach followed with a well prepared paper on "Hot Water in Treatment of Gonorrhœa."

Dr. Cruttenden made a verbal report upon the uses of Homatropin, and upon the effect of an improper manner of dress in diseases of the eyes.

Dr. Finlayson read a paper on the "Uses and Abuses of Food."

All the members entered into the general discussion that followed the papers, and an unusual amount of interest was manifested.

Upon motion the discussion of Dr. Finlayson's paper was postponed, to be taken up at the next meeting and immediately after the reading of papers.

The secretary announced that the section on Theory and Practice was to report at the next meeting, August 7. Chairman, Dr. Field; Associates, Drs. Adams, Gould, Colvin, Rice, Swift, Kennedy, and Grover.

Dr. Cruttenden moved that Dr. Worden act as chairman of Section II, Surgery, to report September 2, and that the

secretary complete the membership of the section. Carried.

The secretary appointed, by lot, the following associates: Drs. Ward, Smouse, Brubaker, McKee, Priestley, McDowell, and Page.

On motion, meeting adjourned.

J. W. COKENOWER, M. D., *Rec. Sec.*

SCOTT COUNTY MEDICAL SOCIETY.

DAVENPORT, IOWA.

STATED MEETING, June 5, 1884.

THE Society convened at the Academy of Science, with the vice-president, Dr. Cochran, in the chair, which he was requested to keep on the arrival of President McCowen, later.

Members present: Drs. Baker, Cochran, McCowen, Tomson, Middleton, Preston, Braünlich, and Maxwell. Visitors: Dr. P. J. Byrne and student Jepson.

Dr. Byrne, graduate of Medical Department I. S. University, March, '84, was proposed for membership, and name referred to Board of Censors.

Dr. Cochran's proposed amendment to the by-laws requiring an inaugural thesis of new members, was taken from the table and after discussion adopted.

On motion of Dr. Preston, the Society voted to contribute five dollars toward defraying certain sewer expenses of the Academy of Science.

The essayist of the evening, Dr. French, not being present, the Chair requested members present to report cases of professional interest.

Dr. McCowen reported a case of Inguinal Hernia: S. A. M. æt. thirty, result of fall in attempting to alight from a wagon. Small hernia had existed for over a year. When seen, four hours after accident, was size of hen's eggs, intense pain in bowels, pulse one hundred, body covered with cold sweat, great nervousness and anxiety, mother having died of strangulated inguinal hernia. No satisfactory results reached by taxis, owing partly to the extreme hyperæsthetic condition. Anæsthesia considered hazardous on account of heart and kidney complications. Idiosyncrasy against opium which could not be tolerated in any form. Copious enemata reliev-

ed the bowels of a mass of scybalæ. Hot fomentations were ordered and sulph. gelseminine, 1-60 grain, once an hour until three doses were taken when patient became quiet; fell into a deep sleep, with very considerable muscular relaxation, during which a complete spontaneous reduction of the hernia occurred. Next morning pulse eighty, temperature normal, patient recovered without an unpleasant symptom.

The next case presented was by Dr. Middleton, as follows: Empyema complicated with ascites. Patient, a man, age forty-eight, had been sick a year or more. Had empyema of left pleural cavity with marked distension of same side of chest and bulging of intercostal spaces. Heart was situated on right side with apex beat about an inch below nipple in mammary line. Liver was in normal position and condition far as possible to ascertain. Great distension of the abdominal cavity, which had a tympanitic resonance and did not transmit any wave vibration. It caused considerable suppression of breathing. Performed thoracentesis twice. April 7, removed ninety-six oz. of fluid of a sero-purulent character—did not remove all existing fluid this time. April 18, same amount was removed, being all the cavity contained. Performed paracentesis abdominis four times. *First*, eleven pints of serous fluid. *Second*, seven pints of same quality. *Third*, tapping twelve pints of a bloody appearance. The microscope revealed plenty blood corpuscles. *Fourth*, aspiration resulted in the negative. Patient had been getting gradually worse for some time and abdomen presented an irregular appearance. It being most prominent above umbilicus, where it was very hard and had much the appearance of a tumor situated in abdominal cavity. May 26, he died from general exhaustion. He always experienced temporary relief after being tapped; was troubled more or less about sleeping. Respiration generally forty, pulse between one hundred and fifteen and one hundred and thirty. Anasarca of both feet extending half way up legs; more marked in left foot than right. Heart never moved from its position in right side during illness. The supposi-

tion is that the effusion in left pleural cavity must have pushed heart over in right side where it became tied down by adhesions and thereby caused great disturbance to the return circulation from abdomen and lower extremities by reason of the curve which the ascending vena cava would make in its passage through diaphragm in order to reach right auricle of heart in the position it occupied in this case. The bloody condition of fluid removed in third tapping was undoubtedly caused by the removal of the accustomed external pressure from abdominal vessels and thereby leaving them in a relaxed and dilated condition and consequently diapedesis.

Permission for autopsy could not be obtained.

In commenting on this case Dr. Baker referred to a case occurring in his own practice fifteen years ago, before the days of aspirators, in which he successfully emptied the pleural cavity by using a medium sized catheter so as to form with some rubber tubing, a syphon. The catheter was introduced into the thoracic cavity through an incision made with a sharp-pointed bistoury and to the rubber tubing at the other end, was attached the suction ball of a breast pump, the air first being expelled. This exhausting the tube, the purulent matter flowed in a continuous stream. This process was repeated and injections made into the cavity at various times. The patient made a complete recovery. These cases were discussed by the members present.

Adjourned.

D. P. MAXWELL, M. D., *Sec.*

KEOKUK, IOWA, MEDICAL SOCIETY.

SOCIETY met at the office of Dr. Scroggs.

The president being absent, Dr. Scroggs called to chair.

Minutes of last meeting read and approved.

Dr. Jenkins reported case of man who came to his office unable to walk without assistance. Leg flexed and painful, patient not able to place it on the floor. Was planting potatoes when it suddenly became flexed and fixed; no swelling about

the joint, but was exceedingly painful. At first could not reduce the difficulty, but after proper manipulation succeeded in reducing the dislocation, and the patient walked out without help; went to plowing next day. Was probably displacement of semilunar cartilage; it had been in this condition for several days before calling on me. The patient had been subject to same trouble when a boy.

Dr. McDonald had similar case in young lady, who by misstep would displace semilunar cartilage.

Dr. Hughes stated this was on account of relaxed condition, cartilages getting between articular surface.

Dr. Tate wished to know diathesis.

Dr. McDonald stated his case strumous.

Dr. Hughes reported case of railway accident, fracture of arm and forearm, middle third of humerus, another above condyles olecranon process, radius and ulna coronoid process, put up on hinge splint and pasteboards semiflexed, now ten weeks old and has same motion; seems to be some union of olecranon. Have it now in plaster splint.

The subject for the meeting, use of tampon, was taken up and fully discussed.

Dr. Scroggs stated that it was an effectual instrument used for threefold purpose. First, to control hemorrhage; second, to stimulate uterus; third, to empty the uterus, used mostly in abortion, seems to be indicated when flooding and uterus not contracting. In abortion the point is to get the contents away without rupturing the sack.

Tampon the vagina tightly stops hemorrhage, then if flabby uterus it stimulates it to contract, and favors dilatation. Claimed by some that abortion can be produced by use of tampon. It might do so, but have little faith in it. As a rule should not be used after fourth month, as there is then room for occult hemorrhage. This may be a fair rule, but never heard of a fatal or even very serious case of that class. In placenta previa it is advised because we want to control hemorrhage, and favor dilatation and expulsion. In hydatiform mole it should not be used as a rule after the fourth month. It might be used with success to favor dilatation and quick

expulsion. If demand for immediate action would not rely on it.

The manner of construction is very important. In many instances of no use because not faithfully or systematically applied. Should be packed tightly through a speculum, wedged in tightly and to the vulva. May use pledgets of cotton, or pieces of old linen well oiled. Should be allowed to remain twelve to twenty hours, generally retained only a few hours when contractions expel it.

Dr. Jenkins has used tampon many times up to fourth month, seldom after fourth or fifth month, generally between second and fourth month. As a rule contents expelled entire. Never use it except in case of violent and dangerous hemorrhage. Always give ergot in teaspoonful doses. If os dilated can generally hook down the placenta; if not, and dangerous hemorrhage, introduce tampon and give ergot.

Dr. Cleaver stated that the object of using the tampon in placenta previa, or unavoidable hemorrhage, was to utilize the blood to further detach the placental mass, it acting as a wedge to pry off the placenta.

If you rupture the membrane the reflow of blood will take the place of liquor amni, and this is the danger. Never use tampon when the membranes are ruptured, and liquor amni discharged after six months. In cases of abortion rarely use the tampon, the reason is that it does not amount to much.

If active hemorrhage and pain, means uterine contraction, and this insures you that the hemorrhage is not alarming. When you have good contraction there is no danger of dangerous hemorrhage. If parts all relaxed, and blood seeping away, would then use tampon.

Dr. Scroggs asked if good practice to break through placenta previa and turn.

Dr. Cleaver—yes, but would not use tampon. Not good practice to introduce tampon in placenta previa, after rupturing membranes.

Dr. Maxwell sustained Dr. Cleaver, his ideas are correct as he is backed by authorities, there is danger of concealed hemorrhage if you discharge the liquor amni, and might destroy life. Hem-

orrhage would have to take place of liquor amni, before it would act as a wedge. We, as a general rule, introduce tampon to control hemorrhage, and secondary to induce contractions. The object of the tampon is to control hemorrhage in abortion. In cases of relaxed and atonic uterus we find the greatest hemorrhage.

Dr. Tate was not in habit of using the tampon. Controls hemorrhage by styptics, ergot, etc. The tampon answers purpose well when used. Had two cases of placenta previa; first case lost the mother; second case saved mother and lost child. Usually the severe hemorrhage is before the physician reaches the case. In placenta previa, would not rupture the membrane until was ready to turn and deliver. Would pass hand where least placental attachment. In cases of early abortion think uterine would make better cleaning if tampon used. Ordinarily not safe to use after fourth month. If I did would remain by patient until I saw the result.

Dr. Hillis—if placenta previa might push hand through membranes, and trust to head coming down and acting as a wedge. If no action of the uterus it would not be safe to trust tampon; better rupture membranes and proceed to turn. Have never tamponed in these cases, and do not consider it good practice; better introduce hand and proceed to turn and deliver.

In abortion the tampon is good practice when hemorrhage active, especially after fetus delivered and secundines remaining. When they cannot be hooked out, then use the tampon to control hemorrhage. The reflex action set up will induce contractions and expel contents. Might have an adherent placenta and be compelled to dilate os. When I fail to remove secundines have felt safer when vagina tamponed tightly; should be well done, and has resulted uniformly successful.

A great deal depends on correct diagnosis. To tampon for hydatids is good practice, as per Thomas. If bleeding case would not hesitate to tampon. Would use ergot and cannabis indica. Would not tampon after delivery after five months.

Dr. Jenkins has used a sponge to tam-

pon, dampened with carbolized water, would not use it in an anæmic woman.

Dr. Maxwell has used tampon in cases of abortion; has used muslin strips six inches wide, well oiled, rolled up size of unhulled walnut; push up clear to cervix, and reinforce with others.

Dr. McDonald questioned authority of limiting use of tampon to fourth month. May use it to seventh month in particular cases. Use it in case of rigid os without regard to the month up to seventh. Where hemorrhage leading symptom, where you cannot reach contents, then use the tampon, use ergot or both, never hesitate, up to seventh month. Has yet to see a case resulting unfavorably.

Dr. Tate considers it unfortunate to have to use the tampon after fourth month, would not use it after fifth month except in placenta previa, and not then if os dilated to permit passage of hand, would bring down feet and deliver.

Dr. Jenkins, as a rule, after fourth or fifth months, no need of a tampon, except in placenta previa.

Dr. Scroggs thinks successful physician would use tampon whenever it was needed.

The subject of medical ethics was introduced and discussed.

On motion the subject of next meeting: cases between this and next meeting.

Present: Drs. Scroggs, Cleaver, Jenkins, Hughes, McDonald, Tate, Hillis, Maxwell and Kinnaman.

Next meeting to be held at the office of Dr. Tate, Monday, June 16, 1884.

Adjourned.

H. A. KINNAMAN, *Sec.*

NORTH IOWA MEDICAL SOCIETY.

THE above named society met at Masonic Hall in Postville, on the sixth of June, with a large attendance, the president, Dr. W. C. Lewis, in the chair.

The following named physicians made application for membership, and upon presentation of the proper credentials were admitted: Dr. F. W. Daubney, Frankville; Dr. J. C. Crawford, Waukon; Dr. J. H. Murphy, Clermont; and Dr. E. H. Jones, Ridgway.

Original papers were read by Dr. T. H.

Barnes, of Waukon, upon the Practice of Gynæcology, and by Dr. L. Brown, of Postville, on Alimentation in Disease. Both papers were discussed at length by the society.

The subject of puerperal convulsions, discussed at the last meeting, was continued. Generally speaking the treatment indorsed was morphia hypodermically, bromide of potassa, chloral hydrate, chloroform, and venesection in plethoric subjects.

Dr. P. M. Jewell, of Ossian, spoke strongly in support of his belief in the uræmic origin of the disease.

Puerperal fever was also discussed, and the strict observance of cleanliness and attention to the surroundings was enjoined, also mild antiseptic intra-uterine washes on the first indication of septic disorder.

Dr. J. W. Smith, of Charles City, related three surgical cases of interest recently occurring in his practice. The removal of a schirrus breast resulting favorably, a successful operation for traumatic urethral stricture, and the amputation of a leg for gangrene, which subsequently appeared in the other leg with a fatal result.

Cancer was chosen as the subject for discussion at the next meeting.

Essayists, to chose their own subjects, Drs. P. M. Jewell and J. Crawford.

Dr. J. W. Smith, of Charles City, was elected an honorary member.

The officers elected for the ensuing year are:

President, C. H. Hamilton, Monona.

Vice-President, J. W. Curtis, Decorah.

Secretary and Treasurer, L. Brown, Postville.

Board of Censors, W. C. Lewis, John Shepherd, T. H. Barnes.

Delegates to American Medical Association, P. M. Jewell, and T. H. Barnes.

Delegates to Iowa State Medical Society, L. Brown, C. H. Hamilton, and J. C. Crawford.

Adjourned to meet in Postville, on the first Friday in December, 1884.

THE *Western Lancet* has united with the *Pacific Medical and Surgical Journal*, and will be conducted under joint charge.

DES MOINES VALLEY MEDICAL ASSOCIATION.

THE eleventh annual session of the Des Moines Valley Medical Association, was held at Ottumwa, Iowa, Thursday, June 12, 1884; P. N. Woods, M. D., president, in the chair.

Papers were read as follows: Boro-Salicylic Acid, E. L. Lathrop, Ottumwa; Azoturia, H. M. Farr, Mt. Pleasant; Relation of Ovulation to Menstruation, J. Williamson, Ottumwa; The Screw Fly, J. Richardson, Moravia.

An enjoyable banquet was held at the Mineral Springs Hotel in the evening.

The following were elected officers for the ensuing year:

President, A. W. McClure, Mt. Pleasant.

Vice-President, S. E. O'Neill, Ottumwa.

Secretary and Treasurer, S. A. Spilman, Ottumwa.

Assistant Secretary, R. C. Hoffman, Oskaloosa.

Censors, H. M. Farr, Mt. Pleasant; A. C. Olney, Eddyville; L. J. Baker, Ottumwa; Wm. Gutch, Albia; A. M. Stark, Ottumwa.

The next meeting will be held at Ottumwa, the first Thursday in June, 1885.

S. A. SPILLMAN, *Sec.*

BIOGRAPHICAL SKETCH OF DR. RAWSON, OF DES MOINES.

The late Dr. Charles Hamilton Rawson was born in Orleans county, Vermont, on July 16, 1828. At the age of twenty years he began the study of medicine with Dr. A. P. Barber and graduated at Woodstock, Vt. Then for two years he practiced medicine in Canada. After that he attended lectures and graduated at the New York College of Physicians and Surgeons, and was placed on duty in Bellevue Hospital for about a year and a half. On the breaking out of the gold fever in California, he applied for, and obtained, the position of surgeon on the steamer S. S. Lewis, going around the Cape to San Juan and running from that port to San Francisco, and was on the steamer until it was wrecked near Acapulco. He then went into the Marine Hospital at San Francisco as surgeon. At the end of

two years he returned to Vermont on a visit, and was persuaded to come to Iowa, reaching Des Moines, October, 1856. In 1861, he was appointed surgeon of the Fifth Regiment Iowa Volunteers, and was afterwards promoted to brigade surgeon and served until poor health compelled him to resign. In the spring of 1863 he formed a partnership with Dr. W. H. Ward, which continued for more than eighteen years. In November, 1863, he was united in marriage with Mary E., daughter of Hon. W. H. Blake, of Swanton, Vermont. During his long residence in Des Moines he was devoted to his profession and to his business interests. He was never too tired to respond at all hours to calls from both the rich and the poor. He was kind, charitable and sympathetic, and always a welcome visitor to the distressed. He was a kind husband and a good father. His relations with his fellow men were upright and honorable and his manner was dignified, reserved, and quiet, commanding the respect of all who knew him. His old partner, Dr. Ward, says: "We were together for eighteen years without one word to mar the relations between us."

In accordance with his request he was buried by the Masonic Order. His funeral was largely attended by his old friends and the members of the several civic societies of which he was an honored member. We unite with the physicians of Des Moines, who escorted his body to its last resting place, in saying we have lost a brother.

PARALDEHYDE IN SLEEPLESSNESS.—Paraldehyde is claiming the attention of the profession, as in some respects it is superior to chloral, as it is very safe to give in simple sleeplessness, and leaves no unpleasant after-effects. However, it is of no use where insomnolency is the result of pain. It is given in the following formula: Paraldehyde, one dram; syrup of orange, one ounce; water, one ounce; to be taken at bedtime.—*Medical Press.*

A GOOD location for a physician—for particulars, address O. G. McCauley, M. D., Rowley, Iowa.

MEDICAL NOTES.

THE SURGICAL USEFULNESS OF IODOFORM.

DR. G. FRANK LYDSTON (*Journal Medical Sciences*): Dr. Hofmakl, at the conclusion of a paper on the surgical uses of iodoform, draws the following conclusions:

One. Iodoform is an excellent disinfectant, and, as a rule, is a painless application to wounds.

Two. On account of its slight solubility, it is of little value in complicated wounds of cavities.

Three. It does not prevent the occasional outbreak of erysipelas.

Four. It is not a specific against scrofulous or tuberculous processes, and develops its healing properties not notably in ulcerous processes.

Five. By keeping wounds fresh and clean it furthers granulation, though it has but little influence on the final cicatrization of the wound.

Six. Very thin layers of powdered iodoform do not hinder union by first intention.

Seven. Pharyngeal and laryngeal diphtheria of children, iodoform does not give much better results than other antiseptics.

Eight. In wounds and ulcers of the mouth, rectum, vagina, as well as in open, easily accessible wounds in the cavities of bones, iodoform in the form of a thirty to fifty per cent iodoform gauze, is an excellent antiseptic dressing.

Nine. Parenchymatous injections of iodoform generally cause a great deal of pain, and it cannot be said that they give very excellent results in fungus diseases of joints, and glandular swellings.

Ten. Iodoform ointments and plasters are often of good service in parenchymatous goitres and chronic swelling of glands, joints and tendons.

Eleven. Iodoform in large quantities is undoubtedly dangerous, and is more productive of good results and less hurtful in small doses.

Twelve. Childhood is not a contraindication for the use of iodoform.

Thirteen. The preliminary cleansing of fresh wounds with weak carbolized

water before using the iodoform dressing is of no advantage, so far as Hofmakl's experience goes.

Fourteen. The healing of scrofulous and tuberculous sores by iodoform does not prevent their return.

Fifteen. Iodoform is an excellent means for the thorough removal of disagreeable odors of neoplasms which do not admit of operation.

Sixteen. The occasional syringing of suppurating cavities with small quantities of iodoform emulsion will often have a favorable action on the quality and quantity of the pus.

Seventeen. The introduction of iodoform bougies into the urethra and bladder will often alleviate pain, as also in vesical tenderness and suppurative conditions of the bladder, and will exert a favorable influence on those conditions of the urine in which rapid decomposition takes place.

Eighteen. The application of iodoform bougies to long fistulæ of the soft parts is more hurtful than useful, as the fistulæ are only stopped up, and the products of decomposition are not discharged. Equally unwise is the filling up of the mouth of a fistulæ with dry powdered iodoform.—*American Medical Digest.*

THE twelfth annual session of the American Public Health Association will be held October 14 to 17, 1884, at Saint Louis, Missouri.

IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, IOWA, July 12, 1884.
Movement of population for June, 1884:

| | Men | Women | Total |
|----------------------------|-----|-------|-------|
| Remaining, May 31..... | 327 | 264 | 591 |
| Admitted, curable cases... | 6 | 3 | 9 |
| Admitted, incurable cases. | 16 | 13 | 29 |
| Whole number treated... | 349 | 280 | 629 |
| Discharged, cured..... | 2 | 2 | 4 |
| Discharged, improved..... | 13 | 4 | 17 |
| Discharged, unimproved... | 1 | 7 | 8 |
| Discharged, died..... | 1 | 2 | 3 |
| Remaining, June 30..... | 332 | 265 | 597 |

Very respectfully,
GERSHOM H. HILL, Supt.

TREATMENT OF EPILEPSY.

IN the *New York Medical Journal* of July 5, Dr. L. C. Gray, of New York, concludes his article on the treatment of epilepsy. We will attempt to give a brief synopsis of the practical points:

Throughout his paper the doctor refers to that form of epilepsy which is "functional in the sense that it is not caused by underlying recognizable organic disease of the brain or cord." Anything that can possibly act as a cause or excitant must be sought for, and, if possible, removed promptly.

In the treatment of the epilepsy itself, the bromides certainly seem to be the most effective remedies. The only distinctive proof of such that can be given is the widespread professional belief to that effect. Many other remedies have worked seemingly brilliant results. The widespread belief in the bromides is fair evidence of superiority but cases are seldom kept under observation long enough to make sure of a cure. We have to determine approximately what shall be called a cure. Ordinarily the sedative action of the bromides is safe as regards life. "But there are certain individuals, constituting a troublesome minority, who are dangerously susceptible to the action of the bromides." Usually the treatment should be begun with ten grain doses of the potassium bromide twice daily, and double the dose at night. In administering bromides not a grain more should be given than is absolutely necessary. The quantity is gradually increased by five grains at a dose every few days until the pharyngeal reflex is abolished or the attacks diminish. The former case can be tested by means of a spoon or spatula touching the pharynx. When this reflex is abolished it is safe to stop increasing the dose. Likewise, if the symptoms improve before this reflex disappears, pause in the dosage. If permanent, begin to habituate the patient to the dosage attained. If patient is in poor general health, use tonic doses of quinine for a few days; sometimes they do better on cod-liver oil, arsenic, or iron. Look carefully to the diet; give as much nutritious food as can be digested and assimilated.

After habituating the patient thus, let

him go steadily along without alteration in treatment until improvement shows some signs of arrest. Then, if borne well, increase bromides each dose five to ten grains. If relapse occurs push dose still further. When the stage is reached where bromides can be borne no longer disease can be held in check often by conjoined use of sodium bromide, belladonna, digitalis or borax. Digitalis is best in asthenic cases; belladonna in children. Ring changes thus as long as control of disease is continued. When disease is slipping from control, give those who can take it change of air. To some give vigorous emetic or sharp purgation, following with decided change of diet; and then following with a long course of treatment with another of the drugs mentioned, using one as adjuvant to another, changing order of administration.

The writer looks to the future for the specific for epilepsy, and considers his paper simply a contribution to the rational medicine of the subject.

It is said that at one time there were as many as 150,000 cases of leprosy in Europe, and that nearly half of the hospitals in England were built for them. The disease was introduced into England by the Crusaders in the reign of Henry I.
—*Maryland Medical Journal*.

A WOMAN was lately observed who had three-sixteenths of a grain of atropin and five-sixths of a grain of morphia injected subcutaneously. She had three respirations per minute, the pulse being ninety to one hundred and twenty. She recovered.—*Weekly Medical Review*.

COMMUNICATION OF DISEASE BY INSECTS.—In a communication in the *Cronica Med.-Quirurgica de la Habana*, Dr. Finlay states that he found that mosquitoes which had bitten a yellow-fever patient carried away with them the filaments and spores of a peculiar nature, which were especially found upon the proboscis. He thinks it fair to conclude that disease may be carried in this way, although he does not look upon it as the only method of communicating yellow-fever.—*Medical Times*.

THE
Iowa State Medical Reporter.

DES MOINES, JUNE, 1884.

EDITORIAL.

ANNOUNCEMENT.

THIS number finishes volume one of the REPORTER; also, its first year's existence. On the whole, the REPORTER has been prosperous; but the financial support, although increasing rapidly, has not yet been sufficient to warrant the increase in the size of the journal that we had intended to make at the end of the first year. We hope that the old subscribers will promptly renew their subscriptions, and that every regular physician, who is interested in the prosperity of a medical journal, devoted wholly to the profession of the state, will show his appreciation by promptly sending in his subscription. The REPORTER does not claim to give a journal that will intrinsically compare with the best journals of the country, having the same subscription rate; neither can it be expected, for the field is new and the work is new. It should, however, possess a greater value; it is a home journal; its columns are the property of every regular physician in Iowa; it is a medium in which to express the thoughts, the experience, and the progress of the profession; and it aims to advance the general standard of the profession, by advocating such measures as will improve intercourse, increase original work, and obtain legal enactments that will better the profession and protect the public at large.

During the coming year, the REPORTER will be under the following management: Editor and publisher, F. E. Cruttenden, of Des Moines; associate editorial staff, C. M. Hobby, of Iowa City; L. C. Swift,

of Des Moines; D. S. Fairchild, of Ames; W. L. Allen of Davenport and H. B. Young, of Burlington.

NOTICE.

TO ADVERTISERS.

DURING the past year the REPORTER has published and issued to regular readers, nearly two thousand copies monthly. We have placed our journal in the hands of every regular physician in the state. The support and interest of the profession is increasing, and our pages are therefore becoming more valuable as an advertising medium. Our present rates will be continued through the coming year, except, that we will give half rates to physicians, who are residents of the state, for reading notices of disposal of property, changes of location, etc.

TO SUBSCRIBERS.

THE management wishes to utilize all available matter that will enlarge and strengthen the REPORTER. At the present time, the support and volume of matter contributed by our friends, together with other interesting matter received from abroad, will fill double the space of our columns. During the past year all of the regular profession of the state, with the exception of a few—thirty or forty—have accepted the REPORTER and have received it regularly. We shall continue to send it for the coming year, hoping to eventually interest them. A statement for subscription will be sent to every member of the profession who has received and accepted the REPORTER and who is not a subscriber. If any member does not wish to honor the statement we hope that he will still continue his acceptance and that he will not feel offended because he is asked to contribute, and that he will not feel under special obliga-

tion if he has not authorized us in person, or by letter to place his name on our subscription list. If we find that we are receiving a prompt response the journal will be enlarged and materially improved at once.

AUXILIARY SOCIETIES.

THE name implies both dependence and support. The medical societies of the regular profession of Iowa, that are at present auxiliary to the state society, belong to three distinct classes, namely: The county societies, twenty-nine in number (four of which are practically dead); the county-district societies, five in number, and the district societies, fifteen in number, that have an active membership. The average membership of county societies is a fraction less than twelve, while that of the county-district and district societies is nearly twenty-seven. The total membership of district and county-district societies is about four hundred and fifty, while that of the county societies is only about three hundred and fifty. (The above data was taken about a year ago, and there have probably been some changes since.) The object of an auxiliary society is two-fold—to bring about such intercourse between those members of the regular profession, so situated as to be accessible to each other, as will foster good fellow-feeling, mutual assistance, and as will stimulate the advancement of scientific medicine; and to provide a machine for organization that will support and furnish membership for the state society. Each part of this two-fold object *equally* requires a high standard of professional morals, and of requirements for membership. Heretofore it has been the experience of all systems of representation, bounded upon the basis of territorial

boundaries, and to the exclusion of other societies, that the likelihood for unworthy members and low standard is greater than in independent organizations, not confined to distinct territory. The average membership, as given above, of the different classes of societies, indicates the working status and individual interest of each kind. With the exception of a very few county societies, the bulk of the work is being done in the district societies.

During the late session of the state society the question of auxiliary societies was introduced by the president, in his address, in which he wisely refers to both district and county societies. The report of the committee on the president's address advised attention to this matter. Dr. Schofield afterwards introduced a resolution, embracing the following points: "that no delegate shall be received from a local or district society when there is a regular organized county society in that section; that all auxiliary societies shall report, between the first and last day of January of each year, a roster of officers and members, requirements for membership, and an epitome of work done so that the Committee of Arrangements can have some data in which to judge of the actual working status of said societies." The second part of the resolution the REPORTER heartily endorses, but the first part is a dangerous move for the society to make, as it would disfranchise, at once, a part of the representation of the Northwestern Medical Association, Central District Medical Association of Iowa, Des Moines Valley Medical Association, Upper Cedar Valley Medical Association, Southwestern Iowa Medical Association, North Iowa Medical Association, and Medical Association of Northern Iowa; also, it would disfranchise, at once, two county-

district societies, and it may disfranchise all of them; likewise, every district society of the state. The standard of the county societies does not average as high as that of the district societies. Retrogression comes too easy to require any special legislation in that direction, therefore that part of Dr. Schofield's amendment which aims to destroy the independent district auxiliary societies should be defeated. Every central organization should have jurisdiction over that part of its auxiliary organizations which creates membership for the parent organization; therefore, the state society should enforce such requirements over the auxiliary societies as will guard the quality of its membership. We believe this is the sole idea of Dr. Schofield's amendment, but its literal interpretation must, from its wording, contain both this and the destructive feature. The difficulty of any clashing between representations from district and county societies, having organizations in the same territory, is well regulated by the constitution and by-laws of the state society, in which they say that the delegate member shall elect one of the two organizations which he will represent. Scientific medicine has not yet reached the stage, in this state, where it is safe to disband any working society, provided such society shall enforce a status for membership that will be acceptable to the state society. The county societies that once possess or are under control of a bad element, if it is impossible to reorganize it, can never be evercome. Each city and county of the state should do all in its power to organize and sustain working auxiliary societies. Their standard should be uniform, and its enforcement, rigid. All of the medical centers of the world, not only in numbers but in work, contain a higher and more com-

plex organization than the profession of Iowa. With this complex and special organization their standard of scientific medicine is proportionately advanced.

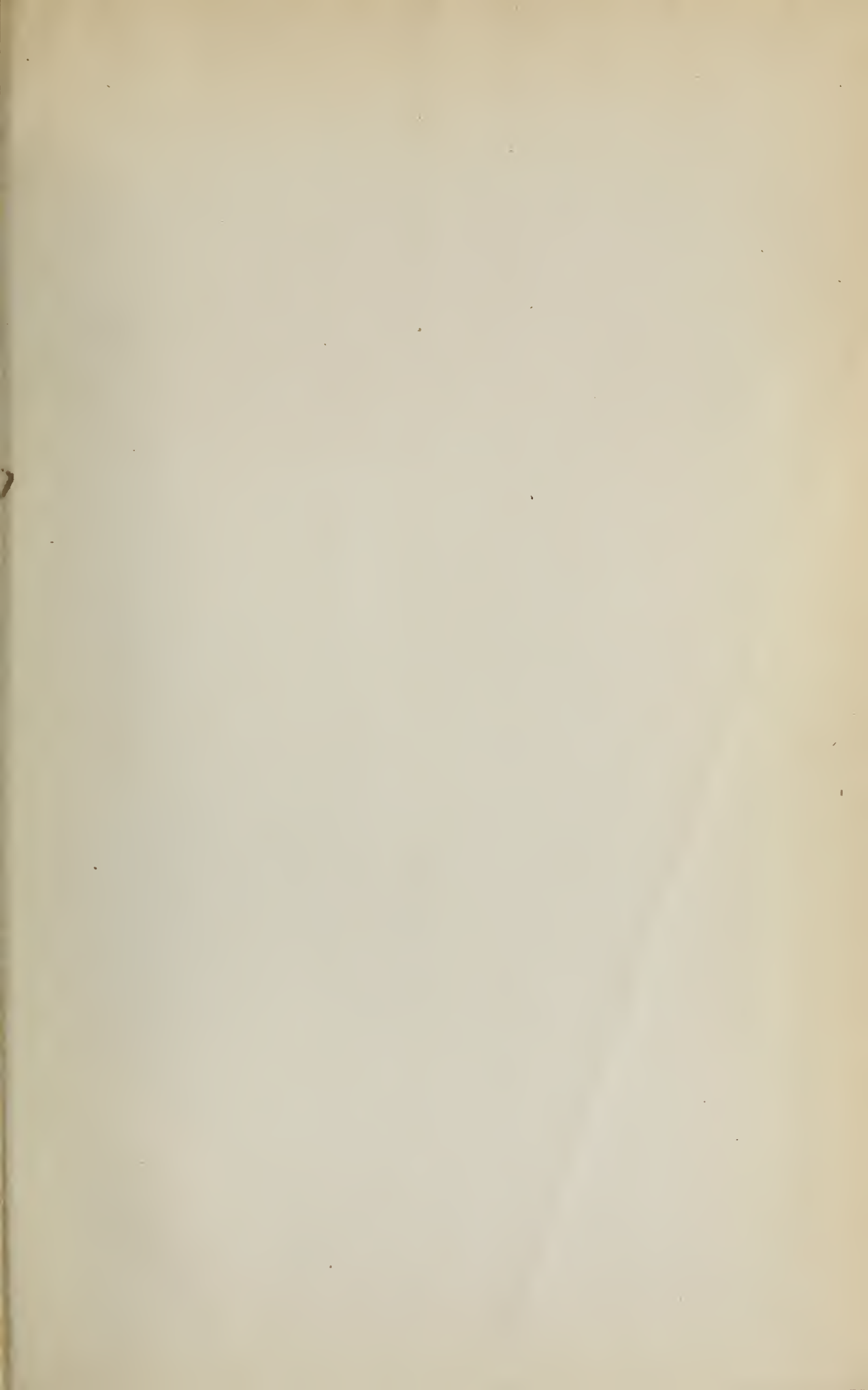
This matter of auxiliary societies should not rest until it has been thoroughly canvassed from all sides. We hope that we shall hear from those who are interested in this subject, and especially from those who differ.

CHOLERA.—A dispatch from Marseilles states that there were thirty-two deaths on the night of the thirteenth and four on the morning of the fourteenth inst. In Toulon there were eleven deaths on the thirteenth. This is about the average daily mortality. The sanitary condition of these cities is execrable, and if it were not for the fact that they have been deserted by all such inhabitants as could get away, the mortality would be far greater.

It is probable that the disease will become epidemic in central and western Europe, and that possibly America will know its visitation. In view of the danger it is pleasant to note that our government is doing everything in its power to bar out the invader, while it is to be hoped that our State and municipal boards of health will apply sanitary measures so thoroughly as to leave it little or no ground for a foothold should it be landed on our shores.—*Louisville Medical News*.

PROF. VERNEUIL treats cold abscess successfully after the following method: Draw off the pus by an aspirator and then inject the abscess sack with about a half an ounce of an ethereal solution of iodoform (one part to five). If a reaccumulation of the pus takes place, several repetitions of this procedure become necessary, but the patient improves and a cure may be expected in a few months.—*Maryland Medical Journal*.

THE sulpho-carbolate of sodium, in thirty-grain doses given after meals, is recommended in flatulent dyspepsia. Also in ten-grain doses for nausea and vomiting, particularly in pregnancy.—*Medical and Surgical Reporter*.





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